Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows; of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA
---

N. B.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

7650

1. PLACE OF DEATH	(159)
county Washington	Registration Dist. No. 582
Village or City A also Lorum	No. Washer ton County Hospitali, 3 Ward death occurred in a hospitalor institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Child & Harry C Claney	Honnie Lee If J. S. Veteran, specify WAR.
(a) Residence: No. 9 + 9 / Gifferon 18	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July 2 4 , 193 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HERESEY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) July 24. 19.36	Wast saw h 22 alive on
7. AGE Years Months Days If LESS then 1 dey, 4 2 hrs.	to have occurred on the date stated above, at 4.45 Am.
ormin.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importence were as follows:
8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Fremature Birth
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	(6 mo)
10. Date deceased last worked at this occupation (month and yeer) 11. Total time (years) spent in this occupation	Other Centribatory Canses of importance:
12. BIRTHPLACE (city or town) Hagustown	
(State or country)  Ma  13. NAME Hany & Change M.	-
13. NAME Hary & chany gr.  14. BIRTHPLACE (city or town). Pittsburg	
14. BIRTHPLACE (city or town).	Name of operation
	What test confirmed diagnosis?
15. MAIDEN NAME Phyllis Snyder  16. BIRTHPLACE (city or town). Ba gustolin  (State or country)	Accident, suicide, or homicide? Date of Injury19
(State or country) Md.	Where did injury occur?
17. INFORMANT Mr. Harry & Clandy (Address) Hageistown md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Haglistown red Date July 2, 1936	
19. UNDERTAKER Scott 7 Minnicht, Son	24. Was disease or injury in eny way related to occupation of deceased?
(Address) Hagustons md.	If so, specify
20. FILED /- 25-, 1936 Chalffordery	(Signed) Holder M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AUG 6 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	J dy 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER S'	TATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 7651
W-ahimatan	3/1/
187 3 7 7 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Registration Dist. No. C G L
Alliage	NoSt., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?
2. FULL NAME Lester Floyd Clem	If U.S. Veteran specify WAR. Worlds was
(a) Residence: No. n ame as above	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH July 22, 1936 (Month) (Day) (Yeer)
5a. If married, widowed, or divorced	(Month) (Day) (Yeer)
HUSBAND of XXXXXXXXX	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) Not Known 1898	f last saw h 1 17 elive on 7-22-3 C19 : death is said
7. AGE Years Months Days If LESS then	to heve occurred on the dete steted above, atm.
About 38 years 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, None	alloch Elsebessen (Enlessen 7220)
kind of work done, as SPINNER, None SAWYER, BOOKKEPPER, etc.  9. Industry or business in which work was done, as SILK MILL, Invalided in War SAW MILL, BANK, etc.  10. Dete decessed lest worked et   11. Total time (yeers)	
10. Dete deceesed lest worked et this occupetion (month and yeer)	
12. BIRTHPLACE (city or town) OOGS took Va	Other Contributory Causes of Importance:
13. NAME Not Known	
13. NAME Not Known  14. BIRTHPLACE (city or town)  (State or country)	Neme of operation Date of Whet test confirmed diegnosis? Wes there an eutopsy?
5 15. MAIDEN NAME Mollie Mc Entrof	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(Stete or country) Virginia  17. INFORMANT Mrs Enoch Newlin (Address) Williamsport Md R.F.D. F	Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Watel-lamsport- Ad Date July 25,19-19	6 Gature of Injury
19. UNDERTAKER Albert Leaf (Address) Williamsport Md	24. Wes disease or injury in eny wey related to occupation of deceased?
20. FILED July 24906 los E. Bickory	(Signed) Constitution M. C. (Address) Management Miles
If more blanks are needed, address State Registrar.	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation,

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example I		Example II	
The principal cause of importance were		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset :
Arteriosclerosis	RECEIVED	1915	Atlack of epilepsy	1 week ago
Chronic interstitial ne		1921	Run over by street car	1 week ago
Cerebral hemorrhage	AUG 7 1930	July 5,1927	Peritonitis	3 days ago
	PAREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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# STATE OF MARYLAND-CERTIFICATE OF DEATH

1	STATE OF MARTEARD	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	<del></del>
	County Washington	Registration Dist. No. 502
1	Village or City Was Established	No. 2328 Locust St. 3 Ward
	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurred yrs. — mos.	ds. How long in U.S. if ol loreign birth?yrsmosds.
	2. FULL NAME John Russel Clopp	If U. S. Veteran, specify WAR
	(a) Residence: No. 232 S. Locust	St., 5 Ward.
	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
	Male While marined	(Month) (Day) (Year)
	5a. II married, widowad, or divorced HUSBAND of	22. I MEREBY CERTIFY That I attended deceased from
	(or) WIFE of Elva J. Clopper	aran 19 1932 10 July 3, 1936.
d)	6. DATE OF BIRTH (month, day, and year) Nov 7. 1866	Hast saw An alive on May 31 ( 1936 ; death is said
cat	7. AGE Years Months Days II LESS than	to have occurred on the date stated above, at 6,3.0.2.m.
certificate	69 7 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
cer	I Trade profession or particular	wera as follows:
Jo	SAWYER, BOOKKEEPER, etc. Machine Hand	Comme myolardus 1900
	Rhod of work done, as SPINNER, Machine Itared  SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, Blackely Fur. Footbay SAW MILL, BANK, etc.	
back	SAW MILL, BANK, etc. Blackely Tan. fortag	Y
instructions on	U 10. Date deceased last worked at this occupation thought and spent in this	
suc	year) 1931 occupation	Other Contributory Causes of Importance:
ctic	12. BIRTHPLACE (city or town) Chaersrille	1430
tru	(State or country) Md.	Ovodive Technoses 11/2
ins	13. NAME John A Clopper	<u> </u>
See	14. BIRTHPLACE (city or town) downt work	Name of operation
<b>V</b> 2	(State or country) Md	What tast confirmed diagnosis? Was there an autopsy?
int.	15. MAIDEN NAME Wartha Seeting	23. II daath was due to axternal causes (VIOL ENCE) fill in also the Iollowing;
important.	16. BIRTHPLACE (city or town) near Leedywille	Accident, suicide, or homicide? Data of injury
npo	State or country)	Where did injury occur? (Specify city or town, county and State)
y in	17. INFORMANTMIS. Cloa J. Clopper	Specily whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
very	(Address) Hagustown mg	***************************************
is	18. BURIAL, CREMATION, OR MEMOVAL PIACE ROPIESAN LL Data July 6., 1936	Mannar ol Injury
	Place Romersical My Date July 6 1936	Nature of injury
LION	19. UNDERTAKER Scott 7. Mennich 45on	24. Was disease or injury In any way related to occupation of dacaased?
	(Address) da genstown mod	II so, specify
7	20. FILED 7 - 5 - 1956 Blast Bowers	(Signad) M. D
1	Registrar	(Address)

If more blanks are needed, address State Registrat, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

V. S. No. 1

. PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY.

be

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

N. B.—WRITE PLAIN

Every item of infor-

WITH UNFADING INK-THIS IS A PERMANENT RE

AGE should be

FOR BINDING

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
  9.—The industry or business in which the work was done.
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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1 VED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AUG 6 1936	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:	R20	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			=

	9	YS	sta	
10		PH	xact	
	L	Z.	2	
MARGIN RESERVED FOR BINDING	B.—WRITE PLAIL, Y, WITH UNFADING INK—THIS IS A PERMANENT IS.	mation should be carefully supplied. AGE should be stated EXACTLY. PHYS	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact sta	
PI PI	E	1	Y	te.
FOR	IS A P	stated	properl	TION is very important. See instructions on back of certificate.
g	HIS	pe	pe	of
EKVE	K-TF	plnous	t may	back
王 33	Z	H	at i	OI
7	NG	VG	th	ons
Z	DI	-:	so,	net
AKG	UNFA	upplied	terms	e instr
	H	S	ain	Se
	WIT	efull.	in pl	ant.
	Y,	e car	ATH	nport
	AI	q p	DE	V ir
	PL	nou	OF	Ver
)	TE	n sl	E (	.5
	/RI	tion	IUS	NO
0. INO. I	-	ma	CA	I
6	œ.	1	7	1

		F DEAT				131)	
County Washington					********	Registration Dist. No.	107
Vil	lage or C	ity Ha	gersto	wn		No. 111 N. Potomac Street St.	5 Ward
Len	ngth of resi	dence in cit	v or town where	deeth occurred	2 vrs mos	death occurred in a horpital or institution, give its NAME instead of streetds. How long in U.S. if of foreign birth?yrs,	and number)
				en Cond			us
						U. S. Veteran, specify WAR	
(a)	) Kesiden	ce: No	ـ و الله ـ ـ عاد عاد عاد ـ ا	(Usual place	c Street	St. 7 Ward.  If nonresident give city or town	and State
PE	ERSON	AL ANI	D STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEAT	Н
. sex Fema.	le	4. color	or race	5. SINGLE, MA OR DIVORCE W100W	RRIED, WIOOWED, ED (write the word)	21. DATE OF DEATH July 23, (Month) (Day)	, 1936
a. If merr	riad, widow BANO of	ed, or divor				(month) (bay)	(Year)
(or) V	WIFE of	Jan	nes Con	don		1 HEREBY CERTIFY, thet latter	nded daceased from
DATEO	E RIPTU	month dev	end year) Se	pt. 3.	1863	Hast saw h. P. aliva on Quely 23 19	3.6; daath is said
. AGE	Yaa		Months	Days	If LESS than	to have occurred on the date steted above, a5:00P m.	. ← >>, uaatii is san
	7	2	10	20	1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance	
8. Tr	ade, profas	ssion, or per	rticular		1 01-33 William	Arterio sclavors	Date of onse
				Home Wo	rk	Chronic Interstitio / Nephrite	1 192
9. Inc	work was	business in done, es Si	which ILK MILL,			Cerebral Thrombonis	2-1-
9. Inc	dacease	.L, BANK, et ed last work	ed at	11. Total	time (years)		
	year)	petion (mon	th end	sp	ent in this upetion		
2. BIRTHI	PLACE (cit	ty or town)_	Bully	ille	and the second	Other Contributory Causes of Importance:	1934
	ate or cour		N.	у.		Bedoores	4.2.
13. NA	AME Je	remia	h Coll	ins			
13. NA		(city or tov	vn)Unk	nown		Name of operation	of
	(State or		N.	Υ.		What tast confirmed diagnosis? Church Was there	an autopsy?
15. MA	AIDEN NAI	ME Ur	nknown			23. If daeth was dua to axternal causes (VIOLENCE) fill in also the folio	owing: Zoe
16. BII		(city or tov		nown		Accident, suicida, or homicide? Date of Injury	, 19
	(Stete or			nown		Where did Injury occur? (Specify city or town, county and	State)
			H. Co.			Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC	C PLACE.
8. BURIAL	L, CREMAT	Hage ION, OR RE	stown,	MIC		Manner of Injury	
Pla	ce Wal	don,	N. Y.	Dete Jul	y 27 ,19 36	Nature of Injury	
0 HNDED	TAKED	Fred	W. Kra	iss		24. Was disaese or injury in any way related to occupation of deceased	, no
		-	cstown			If so, spacify	
	7-7	5	3/- 100	10144	suersi	(Signed) J. Maker & Brells	
O FILED	/ ~	V 16					

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	li	Example II		
The principal cause of death and related causes of importance were as follows: E   V E D	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis ALIC 6 1936	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
	3			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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TARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 7654
1. PLACE OF DEATH .	(23) 307
County Washington	Registration Dist. No.
Village or City Hagustown (IF	No Washington County Houndstst., 3 Ward death pocurred in a horpital or institution, give if NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	
(a) Residence: No. Mason & Direct - (Usual place of abode)	Trost, rellin Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Hemal White Manned	21. DATE OF DEATH 2 3 , 193 (Mogfh) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles E. Cosey	22. I, HEREBY CERTIFY. That I attended deceased from  1936, to July 23  1936
6. DATE OF BIRTH (month, day, end year) aug 19 1868	I last saw h. le alive on July 23 0, 19 3 4; deeth is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to heve occurred on the date stated above, at 50 Pm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particutar kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)	Other Cantributery Causes of Importance:  Other Cantributery Causes of I
13. NAME John O Clivitt  14. BIRTHPLACE (city or town) Franklin County (State or country)	Neme of operation.  What test confirmed disgressives of Separation Date of Separations of Separa
15. MAIDEN NAME Chiga Pipe  16. BIRTHPLACE (city or town) Franklin county  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Mr. Charles & cosly (Address) Mason & Dyxon	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Macdonia R FB 2 Date July 26, 1936	Manner of injury
19. UNDERTAKER Scott 7 Minnich + Son (Address) / tagers toan md	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Simple)
20. FILED /, 19.36 Phan III Orace Registrar.	(Signed) M. D.  (Address) Section Cally 24

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	Example II		
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis 11036	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

122.	2. W. Card. 1	miss Call /	Ferr carrie	& slace of	residence
			1	0	8/31/3

A-A	STATE OF MARTLAND	CERTIFICATE OF DEATH
State	1. PLACE OF DEATH	
should occ	County Washington	Registration Dist. No. 3 0 2
sh	Village or City 17 a glassown (If	death occurred in a horpital or institution, give its NAME instead of street and number)
NS nt	Length o1 residanca in city or town where death occurred 0.0 yrsmos.	ds. How long In U.S. if o1 foreign birth?yrsmosds.
CIA	2. FULL NAME Cuchie Davis	1011 If U. S. Veteran, specify WAR family-lunewa
PHYSICIANS act statement	(a) Residence: No. 26 Randolfsh (Usual place of abode)	WSE, 7 Ward.  If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
<u>.</u>	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Male  Whete  The acceptance of the control	21. DATE OF DEATH 3 193 6 (Month) (Day) (Yeer)
T	5a. I1 married, widowed, or divorcad HUSBAND o1	
X A C T	(or) WHE of Leongia	22. I HEREBY CERTIFY That I attended deceased from 19.70, to 19.26
	6. DATE OF BIRTH (month, day, and year)	I last saw har alive on July 3, 1936; death Is said
	7. AGE Yeers Months Days 11 LESS than	to have occurred on the data stated abova, at
stated properl ertifica	61 9 11 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
- 1	8. Trate, prolassion, or particular kind of work dona, as SPINNER.	Chronics hepotinto
i be y be k of	kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc.  9, Industry or business in which	Chrosic my orands
should it may n back	SAWYER, BDOKKEPPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc.  10. Date deceased last worked at this occupation (month and the second in this occupation).	<i>J</i>
sh it on	U 10. Date deceased last worked at this occupation (month and spent in this	
	year) occupation	Dther Contributory Causes of importance;
oplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) O J Wego	
ed.	(State or country)	
supplied n terms, ee instru	13. NAME Egbert Davison	
in t	14. BIRTHPLACE (city or town)	Neme of operation Date of
7 20	a sound of the total of the	What tast confirmad diagnosis? Was there an autopsy?
carefully FH in pla ortant.	15. MAIDEN NAME Ougurid M2 bank	23. If death wes due to externel ceuses (VIOLENCE) fill in elso the 1ollowing:
be careful EATH in p important.	16. BIRTHPLACE (city or town)	Accident, suicide, or homicida?
d be cal	- Mar archio Doin	Where did injury occur? (Specify city or town, county and State)
	(Address) A a gerstourn M. 1.	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
	Place Hageistorn Dete July 6, 193 C	Neture of injury
CAUSI TION	19. UNDERTAKER 6 M Suter & Sons	24. Wes disease or injury In any way related to occupetion of deceasad?

STATE OF MADVI AND CEDTIFICATE OF DEATH

V. S. No. 1

(Address)

Registrar. (Addrass) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

11 so, specily (Signed)

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Example I	i	Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage AUG 1930	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:	11.	Other contributory causes of importance:	amat H	
Gallstones	May 1,1923	Gastroenteritis	1 year	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-

t te	STATE OF MARYLAND—	CERTIFICATE OF DEATH	7656
state UPA.	1. PLACE OF DEATH	(82-70)	
	county Washington	Registration Dist, No. 36	2
should of OCC	Village or City Dessour	No. 348 West Seds Cust, death occurred in a hospital or institution, give its NAME instead of street and nu	S_Ward
		ds. How long in U.S. if of foreign birth?yrsmos	
PHYSICIANS act statement	2. FULL NAME Minnie & D& H	art If U. S. Veteran, specify WAR	
SIC	(a) Residence: No. 348 West Side	CLOR 5 Ward.	
ot s	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and S  MEDICAL CERTIFICATE OF DEATH	itate
×	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	1
×, E	Female white OR DIVORCED (write the word).	They of	193
T I	5a. If merried, widowed, or divorced	(Monty) (Day)	(Yeer)
X A C T	(or) WIFE of Courtland De Heart.	22.   HEREBY CERTIFY That I ettended de	eceesed iron
	6. DATE OF BIRTH (month, dey, end yeer) June 18-1868	1 last saw h 2 alive on 22 ly 2/5/15, 13/6;	death is said
erly icat	7. AGE Years Month Deys If LESS than	to heve occurred on the date stated above, 15 m.	
stated E properly certificate	6.8 1 9 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	Date of onset
be s of ce	8. Trede, profession, or particular kind of work done, es SPINNER,		
	kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked at this occupation (month and	Leen bal He shall	1933
should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc	C C III	1-1-1
ET +0	Spent in this	Cerebal Burntoge	1936
AGE that ions	year) occupation	Other Coutributory Causes of Importance;	guly 2
se	12. BIRTHPLACE (city or town) (State or country)		
illy supplied plain terms, See instru	13. NAME ( acob Bink ley		
supplin tel	14. BIRTHPLACE (city or town)	Name of operation	12
ly s lain Se	(State of country)	Whet test confirmed diegnosis? Was there an au	topsy?
in p	15. MAIDEN NAME Joursenna Spigle	23. If death wes due to externel ceuses (VIOLENCE) fill in also the following:	
be careful EATH in p important.	[ 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury	, 19
ld be car DEATH y import	(State or country)	Where did injury occur?(Special city or town, county and State)	)
A D E	17, INFORMANT COUNT ON A CHANGE (Address) La gliston 2014	Specify whether injury occurred in INDUSTRY In HOME, or In PUBLIC PLAC	CE.
E OF is ver	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
T	Place Act gention Date /30,1936	Nature of Injury	
mation s CAUSE TION is	19. UNDERTAKER & - M. Suter & Sons	24. Was disease or injury In any way refleted to occupation of deceased?	
(2)	(Address) Hagestoyn, ma	If so, specify	
(7)	20, FILED 1, 1926 Plany 11 Control Registrar.	(Address) Hagers found le	M. [
		2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Example I VED		Example II	THE P
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis ALIG 6 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	,		

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

should state

# STATE OF MARYLAND-CERTIFICATE OF DEATH

	. PLACE OF DE	AIH			(210-m)	
	CountyW	ashingt	on white	<b>6</b>	Registration Dist. No.	302
	Village or City	Hagerst	own		Warshington County Hospital St. f death occurred in a hospital or institution, give its NAME instead of street	
	Length of residence in	city or town where	death occurred		f death occurred in a hospital or institution, give its NAME instead of street ds. How long in U.S. if of foreign birth?yrs	
	. FULL NAME		tha B. E		If U.S. Veteran, specify WAR	
	(a) Residence: No.		Usual place	of abode) (Pa	R 19t., 1 Ward.  If nonresident give city or town	and State
	PERSONAL A				MEDICAL CERTIFICATE OF DEAT	Н
3.		or or race		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  July 4,  (Month) (Day)	, 1936 (Year)
5a.	If married, widowed, or di HUSBAND of	vorced			(3)	, , , , , , , , , , , , , , , , , , ,
	(or) WIFE of				22. I HEREBY CERTIFY, That I atter	
6	DATE OF BIRTH (month, o	law and year) A	nongt 21	. 1917	l lest saw h alive on 19	
	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 3:00Pm.	
	18	10	13	1 dey,hrs.		
z	8. Trade, profession, or kind of work don	particular		,	automobile accident, cures	Dete of onset
TIO	SAWYER, BOOKK	EEPER, etc	Home Wo	rk		
OCCUPATION	9. Industry or business work was done, e SAW MILL, BANK	in which s SILK MILL,			Deceased met her death in an automobile	
SCC	10. Date deceesed last w	vorked at	11. Total t	ime (yeers)	socident; and said oscident was	
_	this occupation (myear)			ntin this upation	voidable. Coronera resdict.	
12.	BIRTHPLACE (city or town	n) Chamb	ersburg		Other Cantributory Causes of Importance:	
	(State or country)	Pa	8			
FATHER	13. NAME Ralp	h H. Et	ter			
-AT	14. BIRTHPLACE (city or				Name of operation Date	of
	(State or country)				What test confirmed diagnosis? Wes there	an autopsy?
HE	15. MAIOEN NAME	Naomi			23. Il death was due to external causes (VIOLENCE) fill in also the Ioll	
MOTHER	16. BIRTHPLACE (city or (Stete or country	,	hamberst Pa	urg	Accident, sulcide, or homicide? 2000 and Date of Injury 2	
					Where did injury occur? Mear Low than Head Heid (Specify city or town, county and	(State)
17.		ph H. E	tter Dixon. F	) <u>a</u>	Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLI	C PLACE,
18.	BURIAL, CREMATION, OR	REMOVAL			Manner of Injury Graduned Show	**********
	Place Brown	s Mills	Pa. Jul	y 7 36	- Neture of injury	
10	UNDERTAKER Fre	d W. Kr.	aiss.		24. Was disease or injury in any way related to occupation of deceased	17
13.		erstown		7	If so, specify	
20.	FILED 2 - 7-	19366	Hastoc	Towers,	(Signed) Or Edward Coast, ask	ug cocount
			1	Registrat	(Address) Kargerslown, Ho	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example-I	VEI	5	Example II	
The principal cause of ide of importance were as to	eath and related llows:	causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	File	1000	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	BUREAU	VS	1921	Run over by street car	1 week ago
Cerebral hemorrhage	DOMESTO		July 5,1927	Peritonitis	3 days ago
Other contributory cause	s of importance:			Other contributory causes of importance:	
Gallstones			May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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Wohner

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Chronic interstitial nephritis AUG 6 1936	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
A CONTRACTOR OF THE PROPERTY OF THE PARTY OF				

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	Charles and	12
care.	The second second	
r certino	-	
Dack o	A. W. S.	TO LE VOLLOCO
c. See instructions on back of certificate		
See II	-	The Party
IOIN IS very important.	The state of the s	CLEPAT COLLEGE
very in		
22		]
CIN		
-	55	ľ

# STATE OF MARYLAND—CERTIFICATE OF DEATH

204	10	p	18
7	6	1	17
- W	U	U	11

1.	PLACE O	F DEATH				- a			
	County	Washingt	ton C	0.			Registration D	ist. No.	302
		City Sect			.A. (If	No. death occurred in a hospital or institut	ion, give its NAME	instead of street and	Ward number)
						ds. How long in U.S. if of	toreign birth?		mosds.
2.	FULL NA					s. RenorEyler.			
	(a) Resider	nce: No#_	6 Se	curity	Md.	St., Ward.	16	ive city of town ar	1.0
	PERSON	NAL AND STA	THE PART OF THE PA			MEDICAL CE			d State
3. SEX		4. COLOR OR RA				21. DATE OF DEATH	INTICATE	OF BEATH	
	Male	White			RIED, WIDOWED. D (write the word) in ale	LI DAIL OF DEATH	July (Month)	.18	, 193 6
5a. If		ved, or divorced							(Year)
	(or) WIFE of					22. IHEREBY July 18			
6. DA'	TE OF BIRTH	(month, day, and year	r) .T	11 T 18	. 1936.	I last saw h alive on			: death is said
7. AGI			nths	Days	If LESS than	to have occurred on the date stated		) P	, 60401 13 3410
		0	0	0	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH	H and related causes	of importance	
-	8. Trade, profe	ssion, or particular	0 1	0	UI	were as follows:			Date of onset
9	kind of	work done, as SPINN , BOOKKEEPER, etc	VER,	None		Stillhorn 4	Months		
PA	9. Industry or	business in which				Gestation.			
CCUPATION		s done, as SILK MILI LL, BANK, etc		1					
0 1	this occu	ed last worked at pation (month and		spar	ime (years) nt in this				
					apation	Other Contributory Causes of Impor	rtance:	151	
12. B1	RTHPLACE (ci (State or cou	ty or town)#	5.,Se	curity	, Md.				
oz			73 3						
로		Reno Parl							
¥ 14		(city or town)	Fred	erick.	Co. Md.	Name of operation		Date of	
œ   ,,			773	343- (3	A	What test confirmed diagnosis?			
					trawsburg				_
0 10		(city or town)	lnion	Bridg	e. Md.	Accident, suicide, or homicide?		ate of Injury	, 19
- 1						Where did injury occur?	(Specify city or to	own, county and St	ate)
17. IN	FORMANT (Address)	Mrs. Re Secur				Specify whether injury occurred In	INDUSTRY, In HOM	E, or in PUBLIC P	LACE.
18. BU		TION, OR REMOVAL				Manner of injury			
	Place 26	curity,	Md.	Date_Jul	y 18,1936	Nature of injury			
19. UN	(Address)	None 7	en	Park .	Eylery,	24. Was disease or injury in any wa			
20. FIL	LED. 7-2	-/- ,1936	64	last	Boules Registrar.	(Signed)	erstown,	1567 61 Md.	M. D.
						/·····································			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AUG 6 1936	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B.—V

STATE OF MARYLAND—	CERTIFICATE OF DEATH 7660
1. PLACE OF DEATH ,	82-0 217
County Page 101	Registration Dist. No. 50/
Village or City Jamotels Mulls	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 5 yrs yrs Cmos	
2. FULL NAME / Frankly	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH 7 27 , 193 6 (Year)
5a. If married, widowed, or divorced HUSBANO of Leaster	227 / HEREBY CERTIFY. That lattended deceased from
(or) WIFE of	Lucy 12 19360 Tuly 24 1931
6. DATE OF BIRTH (month, day, and year) & ecc. 9 = 1857	last sawh Tru alive on the ly 77931; death is said
7. AGE Years Months Oays If LESS than 1 day	to have occurred on the dete stated above, at 1.23 P.m.
1910 P 1 0 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trede, profession, or particuler kind of work done, as SPINNER, Laborar AWYER, BOOKKEPER, etc.	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
9. Industrior business in which	Culled flandrikage falut
work was done, as SILK MILL, SAW MILL, BANK, etc	
year)occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Browns Noche Ma	1.02/_
(State or country) Wash (8	Hill is least our
14. BIRTHPLACE (city or lower frame Coalle Pa	
14. BIRTHPLACE (city or cowp)	Name of operation Oete of
15. MAIOEN NAME LEARNIS PLICE	What test confirmed diagnosis?
16. BIRTHPLACE (CHY OF TOWN) POROUGH WHILE Ma	23. If death wes due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
State or country) Wash Co	Where did injury occur?
17. INFORMANT fortigh H Frashin (Address) Knowwille Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL, OO	Manner of injury
Plece Drowns Wille Date / = 2 1936	Nature of injury
19. UNDERTAKER G. L. Survau + Co (Address) I madysvilla ma	24. Was disease or injury in any way related to occupation of deceased?
20. FILED July 29th, 19136 Homeline H. Caratte	(Signed) M. D.
If more blanks are needed, address State Registrar,	2412 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	li di	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SURFAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE F	OR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARTLAND	CERTIFICATE OF DEATH 7661
1. PLACE OF DEATH	93-2
County Washington	Registration Dist. No. 302
	No 422 - M schauce St., Sward death occulred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 20 yrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Margaret Ellen ( (a) Residence: No. Hagustons ( (g) ual place of abode)	1f U. S. Veteran, specify WAR.  7d, St., S Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Tenule 5a. If marriad, Widowed, or divorced	21. DATE OF DEATH (Winth) (Day) (Year)
HUSBAND of Corn WIFE of Lewis 3. 3.4	22. Oel, HEREBYCERTIFY That Lattended deceesed from 1928, to July 12, 1936
6. DATE OF BIRTH (month, day, and year) Oct. 24-1858	I last saw h LN elive on suley 124, 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at \$ \$ . P. m.
77 8 18 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onest
SAWYER, BOOKKEEPER, etc.	O.D. M. I'A
SAW MILL, BANK, etc	Chronic Hypranditio 1928
O 10. Date deceased lest worked at this occupation (mogth and year)	
12. BIRTHPLACE (city or town) Beaver Creek	Other Contributory Causes of importance:
(State or country) wash. C. nd.	arterioselerosis y hyper 1928
13. NAME J. J. hunamaku	tension
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Neme of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Elizabeth Hoffman 16. BIRTHPLACE (city or town) - Bleaver Creek	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?
(State or country) (State, Co. md.	Where did injury occur?
17. INFORMANT ferris 3. 3 or (Address) 422 mes having St. Hageraton ma	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Bornardow Currentery Date July 15. 1926	Nature of injury
19. UNDERTAKER (DY) . Bast YOM	24. Was disease or injury in any way releted to occupation of deceased?
(Address) Doubleso Mid	If so, specify
20. FILED / 15- , 19.36 & ROST / Joveso	(Signed) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	-4
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AUG 0 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

certificate. WITH UNFADING INK-THIS CAUSE OF DEATH in plain terms, so that it may be AGE should be TION is very important. See instructions on back of mation should be carefully supplied. B.—WRITE PLAINLY,

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

Length of residence In city or town where teath occurred the second of t	1. PLACE OF DEATH	(13)	
Lingth of residence in city or fown where sight occurred. Tyrs.  (iff death occurred in a bireful or methicition, gave in NAME indeed of street and number)  45. How long in U.S. if of foreign british.  (a) Residence: No. D44	County Washington	Registration Dist. No.	2
Length of residence in city or fown where greath occurred. The state of the country of the count	Village or City Lagerslow		
2. FULL NAME  (a) Residence: No. D. C.			mber)
(a) Residence: No. 104 Curus place of abode)  PERSONAL AND STATISTICAL PARTICULARS  5. SEX COR R RACE  Of Marked Particulars  5. SINGLE, MARRIED, WIDOWED  Of Marked Particulars  5. SINGLE, MARRIED, WIDOWED  Of Marked Particulars  5. SINGLE, MARRIED, WIDOWED  Of Marked Particular  5. SINGLE, MARRIED, WIDOWED  Of Marked Particular  1 July  (Month)  (Day)  (Year)  122. I HEREBY CERTIFY. That I stended deceased from July 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4000	vot.	AD 4.
Clust place of abody   Honoredident give city or town and State	2. FULL NAME TO SULLY ONLY	JEU. S. Veleran, specify WAR VECTOR WO	verya
PERSONAL AND STATISTICAL PARTICULARS  3. SEX			
3. SEX  4. CADR SR RACE  5. SINGLE, MARRIED, WIDOWED ON WITH A STATE OF DEATH STA			ate
## A Company Control of Hospital Control of Ho	A		
HUSSAND OF CONTINE OF	Shall colored of More (winter the word)	July 14th	
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Month  Days  If LESS than  1 day,hrs.  S. Frada, profession, or particular  Rad of work done, as SFINNER,  S. Industry or business in which  SAW MILL, BANK, stc.  10. Date decased last worked at this occupation (month and year)  SAW MILL, BANK, stc.  10. Date decased last worked at this occupation (month and year)  (State or country)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURTHORNAME  19. Date  19. D	HUSBAND of FT I A PAGE Y STAND AND THE		ceased from
7. AGE  Years  Month  Days  II LESS than to have occurred on the date stated above, at 9P. m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Hypertensive Heart Disease  Chronic Nephritis  S. Trada, profession, or perticular Septimental of work done, as SPINNER, SAVIER, SOUKEEPER, stc.  Hypertensive Heart Disease Chronic Nephritis Hypertensive Heart Disease Supportensive Heart Diseas	19 1945		_, 19_9_9
Second profession, or particular   Second profess			death is said
SAWYER, BONKERPER, atc.  SAWYER, BONKERPER, AT	41 5 15 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place (Color of town)  Date July 7, 1936  19. UNDERTAKER  (Address)  10. The contributory Canses of importance:  Other Coatributory Canses of importance:  Other Coatri	8. Trada, profession, or particular kind of work dona, as SPINNER,	_	
12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place (Color of town)  Date July 7, 1936  19. UNDERTAKER  (Address)  10. The contributory Canses of importance:  Other Coatributory Canses of importance:  Other Coatri	SAWYER, BODKKEEPER, atc.	_	
12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place (Color of town)  Date July 7, 1936  19. UNDERTAKER  (Address)  10. The contributory Canses of importance:  Other Coatributory Canses of importance:  Other Coatri	work was dona, as SILK MILL, dueuployed	Hypertension	
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFDRMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place (Country)  19. UNDERTAKER (Address)			
14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFDRMANT (Address)  18. BURIAL, CREMATION, OR MEMOVAL Place (Country)  19. UNDERTAKER (Address)  20. FILED  10. BIRTHPLACE (city or town) (State or country)  Name of operation What tast confirmed diagnosis? Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where add injury occur? (Specify city or town, country and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury Nature of injury  19. UNDERTAKER (Address)  18. Specify (Signed)  19. UNDERTAKER (Address)  Mass there an autopsy?  24. Was diagnosis?  24. Was diagnosis?  25. Was there an autopsy?  26. Specify city or town, country and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  19. Was disease or injury in my vay related to occupation of decaased?  26. Signed)  M. Registrar.  (Address)  M. Registrar.  (Address)  M. Address)  M. Address		Other Contributory Canses of importance:	
14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFDRMANT (Address)  18. BURIAL, CREMATION, OR MEMOVAL Place (Country)  19. UNDERTAKER (Address)  20. FILED  10. BIRTHPLACE (city or town) (State or country)  Name of operation What tast confirmed diagnosis? Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where add injury occur? (Specify city or town, country and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury Nature of injury  19. UNDERTAKER (Address)  18. Specify (Signed)  19. UNDERTAKER (Address)  Mass there an autopsy?  24. Was diagnosis?  24. Was diagnosis?  25. Was there an autopsy?  26. Specify city or town, country and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  19. Was disease or injury in my vay related to occupation of decaased?  26. Signed)  M. Registrar.  (Address)  M. Registrar.  (Address)  M. Address)  M. Address	13. NAME THE THE TO JANAME		
15. MAIDEN NAME   15. MAIDEN NAME   16. BIRTHPLACE (city or town)   16. BIRTHPLACE (city or town)   17. INFDRMANT   18. BURIAL, CREMATION, OR REMOVAL   19. UNDERTAKER   19. U	T 14. BIRTHPLACE (city or town) Burling Ma		
Whera did injury occur?  (Specify city or town, county and State)  Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place Fire Hold Date July 1.7., 1936  Manner of injury  Nature of injury  (Address)  24. Was disease or injury in my way related to occupation of decaased? DQ  If so, specify  (Specify city or town, county and State)  Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  Nature of injury  (Address)  (Signed)  M.  Registrar.  (Address)			opsy?
Whera did injury occur?  (Specify city or town, county and State)  Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place Fire Hold Date July 1.7., 1936  Manner of injury  Nature of injury  (Address)  24. Was disease or injury in my way related to occupation of decaased? DQ  If so, specify  (Specify city or town, county and State)  Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  Nature of injury  (Address)  (Signed)  M.  Registrar.  (Address)	E March Nord		
17. INFDRMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Date July 1.7., 1936.  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILED 1.936 (Signed)  Registrar. (Address)  (Specify city or town, county and State)  Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  Nature of injury  (Signed)  (Signed)  (Signed)  M.  Registrar. (Address)	State or country)		, 19
18. BURIAL, CREMATION, OR REMOVAL  Place A COLUMN Date July 1.7., 1936  19. UNDERTAKER  (Address)  24. Was disease or injury in my way related to occupation of decaased? DO  If so, specify  (Signed)  Registrar.  (Address)	17. INFORMANT Horeuce French	(Specify city or town, county and State)	<b></b> E.
Place Fire Hill Date July 1.7., 1936  Nature of injury  19. UNDERTAKER (Address)  24. Was disease or injury in my way related to occupation of decaased? DQ  If so, specify  (Signed)  Registrar. (Address)	The state of the s	A	
19. UNDERTAKER  (Address)  24. Was disease or injury in my day related to occupation of decaased? DO  If so, specify  (Signed)  (Address)  (Address)  (Address)  (Address)	D 11' - 0 (1. 1 / 2 2/		
20. FILED 7/16 , 1936 Buff Bower (Signed) little Holling M.  Registrar. (Address) A-0/5/3/2 Form, lind			
Registrar. (Address) Aufgab 182m, lud	(Address)	111.1.6 410.00	
			M. D.
It made blocks are useful adde as Visit D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis  LUKEAU V. S.	Pate of onset	The principal cause of death and related causes of importance were as follows:	
Chronic interstitial nephritis	1915	Attack of epilepsy	1 week ago
Chronic interstutat nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterijis	1 year

The second section is the second seco	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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A. Young

BINDING

RESERVED

certificate.

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(Address)

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

If so, specify

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The principal cause of death and related caus of importance were as follows:	-11	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis RECEIVED	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage AUG 6 1936	July 5, 1927	Peritonitis	3 days ago		
BUREAU V. S.			- I		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
*					

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	<b>STATEMENTS</b>	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DE plnods Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Langth of residence in city or town whara death occurred. ds. How long In U.S. If of foraign birth? \_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) PERMANENT insource BINDING 5a. If married, widowed, or dixorced HUSBAND of HEREBY CERTIFY. That I attended dacaasad from (or) WIFE of 6. DATE OF BIRTH (month, day, end year) certificate. 7. AGE Days If LESS than 1 day, ..... hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 0 or .... min. Dats of onsst 8. Trade, profassion, or particular OCCUPATION kind of work dona, as SPINNER. SAWYER, BDDKKEEPER, etc., back may 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.... 1D. Date deceasad last worked at 11. Total tima (yaers) this occupation (month and spent in this instructions occupation ... MARGIN 12. BIRTHPLACE (city or town (Stata or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town). Name of operation. (State or country) carefully What test confirmed diegnosis?. ...... Was there an autopsy?... MOTHER important. 15. MAIDEN NAME 23. If deeth was due to external causes (VIDLENCE) fill in also the following: OF DEATH Accidant, suicida, or homicida?\_\_\_\_\_\_ Date of Injury\_\_\_\_\_\_ 19\_\_\_\_\_ 16. BIRTHPLACE (city or town) (State or country) pe Where did injury occur?... (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. plnous 17. INFORMANT\_ 18. BURIAL, CREMATION, OF REMOVAL -WRITE Mannar of Injury CAUSE Nature of injury\_\_\_ LION 24. Was disease or injury in any wey releted to occupation of deceased? (Addrass) If so, specify Registrar. If more blanks are needed address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

RESERVED

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	11-12-1		

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state

of OCCUPA-

See instructions on back of certificate.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

7665

	<b>OF DEATH</b> Washing	ton.		108)	0.7		
County	City Hagerstow	TREFFERENCE - COMP	himaton (	Registration Dist. No. 3	5		
	- 7		(1)	f death occurred in a hospital or institution, give its NAME instead of street and sds. How long in U.S. if of foreign birth?yrsn	number) nosds.		
	AME George W						
(a) Resid	ence: No. Washing	ton Cou	ntv Home	St 5 Ward			
		(Usual place	e of abode)	If nonresident give city or town an	d State		
	NAL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH			
Male	White		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH  July  (Month)  (Dev)	, 193 6		
5a. I1 married, wid HUSBAND of (or) WIFE o1			J	22.   I HEREBY CERTIFY, That I attended			
6. DATE OF BIRT	H (month, day, and year Feb	ruary 2	2. 1844.				
7. AGE	Years Months	Days	I1 LESS then 1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance			
Z R Trade, prokind o	92   4  ofession, or particular f work done, as SPINNER, ER, BDDKKEEPER, etc	Retired	ormin.	were as Iollows: Del car Dreumens es Die			
9. Industry o		aborer					
	esed last worked et cupation (month and	Spe Spe	time (years) ent in this cupetion				
12. BIRTHPLACE ( (State or co		ngton C	ounty	Dther Contributory Causes of importance:			
13. NAME	George	Gower.		Mario - Astendi Meex Ofereny			
	CE (city or town) Mary	land.	-	Name of operation Date of	6. 1		
15. MAIDEN	35 70			What test confirmed diagnosis? Was there an			
	CE (city or town) or country) Maryl	and.		23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?			
17. INFDRMANT (Address)	George Wa Hagersto		n Gower.	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PL	te) .ACE.		
18. BURIAL, CREM	ation, or removal nkstown, Md		y 3, 1936	Manner of injury			
19. UNDERTAKER (Address)	Fred W. Hagerst	Kraiss		24. Wes disease or injury in eny way releted to occupation of deceased?	ales		
20. FILED	-3- 1936 f	huff	Bowers	(Signed)	- Д М. D.		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago July 5, 1927 Cerebral hemorrhage Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
TAN AN A TA COLUMN	DI TICE	T OIL	T CICIALIAN	MITTEL WILLIAM IN		Y YY Y DYOTATA

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEAT

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
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Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

V. S. No. 1

	STATE	OF MARY	/LAND-	CERTIFICATE	OF DEATH	1	7669
1. PLACE	OF DEATH			(31)			000
County	Washing	ton			Registration Dist.	No. 34	LO
Village of	r City MX	· Lena		No		St.,	Ward
Langth of	residanca in city or town whar	daath occurred		death occurred in a hospital or ins			
	5 + 11 ·	2	7/2-1			.yrs	10505.
2. FULL N	. 0	rageer	Heanel	0	an, specify WAR	rdis	eg.
(a) Resid	dence: No. Amoke	(Usual place o	( abode)	St.,Ward.	If nonresident give c	ity or town and	Sinta
PERSO	DNAL AND STATIS			MEDICAL	CERTIFICATE OF		Diale
3. SEX	4. COLOR OR RACE	5. SINGLE, MARR	IED, WIDOWED,	21. DATE OF DEATH			
m	W	OR DIVORCED	(write tha word)		7	28	, 1936
5a. If marriad, wid	dowad, or divorcad	- some	gre		(Month)	(Day)	(Year)
(or) WIFE of				22. COI HEREE	BY CERTIFY. J	hat I attandad	daceasad from
	2		- 11-	July - 1	19.2 - to feel	7-60	, 19.3.6
	Years Months	05/8,1	848	I last saw h aliva on_	tated above, at 11:30F	19.7.6	; death is said
		Days	If LESS than 1 day,hrs.	to have occurred on the date st			
		10	ormin.	were as follows:	7 +++	·	Datapionspt
o. Hade, pro	ofession, or particular of work dona, as SPINNER, YER, BDDKKEEPER, atc			Chronica	VIOLalele	V	71918
9. Industry	or businass in which	7.					
NOLLY SAWY  9. Industry of work SAW  10. Date dace	was done, as SILK MILL, MILL, BANK, atc.	non			***************************************		-
10. Date dace	eased last worked at ccupation (month and	11. Total tir	ne (years) t in this		******************		
			oation	Othar Cantributory Causes of Ir	mnortence*		
12. BIRTHPLACE		uglaure		Chronic	myscardi	tre	7/9/8
(Stata or c	country)	0		Chranie	nefolim	tion	7/9/3
13. NAME	Wm The	uneber	gen		/		,,,,
14. BIRTHPLA	ACE (city or town)	4	0	Neme of operation		Date of	
(21913	or country)	augran		What tast confirmed diagnosis?		Was thara an a	autopsy?
15. MAIDEN	NAME aun	a Bro	egue	23. If daath was dua to externel	causas (VIDLENCE) fill in al	so tha following	g:
	ACE (city or town)	12		Accidant, suicide, or homicida?	Data o	f Injury	, 19
(State	or country)	acylan	7	Whera did Injury occur?	(Specify city or town,	county and Stat	(a)
17. INFORMANT (Addrass)	Laymont	) Speak	wan	Specify whether injury occurred	d In INDUSTRY, in HOME, o	r In PUBLIC PL	ACE.
	ATION, OR REMOVAL	and for	,	Manner of injury			
Place	8 17 /3 Hay	Date	6-1-1,1936	Manner of injury			
	10 M S.	to V C	ie	24. Was disaase or injury in any	y way related to occupation a	f dansar 12	ho
19. UNDERTAKER (Address)	The use	atreme )	n S	If so, spacify	y way related to occupation o	i dacaasadi	
1 80000	0.31. 1936 7	0.001	3 Rh	(Signed)	but trade	4.	M D
20. FILED	p.21., 1926	Miller	Registrar.	(Address) B	eacesbors.	md.	
T	If mor	e blanks are needed, ad	dress State Registrar,	2411 N. Charles Street, Baltimore,	Requesting V. S. No. 1.		

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STATE OF MARYLAND—CERTIFICATE OF DEATH

Registration Dist. No.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

S. No. 1

(Address)

item of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 7669
1. PLACE OF DEATH	(qr.P)
1010	302
County Y (Cash: ngton	Registration Dist. No. 30 2
Village or City Hay Cars Town	No. 6 So Potomac St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME MYS Marthand, High	νωταθή U. S. Veteran, specify WAR
(a) Residence: No. 16 1 So Potomos	St., 2 Ward.
(a) Residence: No. 1 6 1 50 1 OTO m 0 (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE   S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARKIED, WIDOWED, OR DIVORGED (write the word)	21. DATE OF DEATH 12.
terrale white widow.	(Months) (Day) (Year)
5a. If married, widowed, or divorced	
HUSBAND of (or) WIFE of	22.   I HEREBY CERTIFY, That I attended deceased from
911/03/3	2/1 ,1934 , to 7/12 ,1936
6. DATE OF BIRTH (month, day, and year) Cau 8 - 1863.	I last saw h-ex alive on 7/12, death is said
7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, at 11 45. Pm.
I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
	were as follows; Date of onset
8. Trade, profession, or particular	Hyponeusof-aneno science 10 pogo
kind of work done, as SPINNER.	Clipdio Vasular Riseas - My occurs
9. Industry or business in which work was done, as SILK MILL,	lailun
SAW MILL, BANK, etc	
kind of work done, as SPINNER.  SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL,  SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent in this counting to the spent in this counting the spent in this spe	
O this occupation (month and spent in this occupation occupation	
St Jane	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME Heury Joyan Derger  14. BIRTHPLACE (city or towns) Parps burg	
14. BIRTHPLACE (city or town & harbs burg	Name of operation Date of
(State or country)	
	What test confirmed diagnosis? Was there an autopsy 2.6.1.
15. MAIDEN NAME Now that Schlossey  16. BIRTHPLACE (city or town) CRAYLOSS	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16, BIRTHPLACE (city or town) C 20 Y LOSS	Accident, suicide, or homicide? Date of injury, 19
∑ (State or country) md	Where did injury occur?
M P. O. A History	(Specify city or town, county and State)
17. INFORMANT ALL ALLA MISCHARLES	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Hagarstouth Lew	
18. BURIAL, CREMATION, OR REMOVAL MA.	Manner of Injury
Place \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Nature of injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify (Signed)

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	qu v	
	1915 1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

TION is very important.

# CTATE OF MADVIAND CEDTIFICATE OF DEATH

19/01/1

	SIA	IL OF	MAR	ILAND-	CERTIFICATE OF DEATH	1010
1	L PLACE OF DEATH				93-2	
	County Washi Village or City Hag	erstow		(lf	Registration Dist. No. 32  No. 620 Washington Avenue st., death occurred in a hospital or institution, give its NAME instead of street and	Ward Ward
	Langth of residence in city or	town where deat	th occurred 20	yrsmos	ds. How long in U.S. if of foreign birth?yrs	mosds.
:	2. FULL NAME Ed	ward F	owler 1	Holden	If U. S. Veteran, specify WAR	
	(a) Residence: No. 6	20 Was	hingto:		St., Ward.  If nonresident give city or town ar	nd State
	PERSONAL AND S	TATISTIC	AL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.	Male 4. color or Whit		SINGLE, MARK OR DIVORCED W1 dowe	RIED, WIDOWED, (write the word)	21. DATE OF DEATH  July 2,  (Month) (Dey)	., 193 <b>6</b> (Year)
5a.	If married, widowad, or divorced HUSBAND of Jose	phine	Ho <b>lde</b> n	4-5-	22. April 18, 1936, to Suly	d decaasad from
6.	DATE OF BIRTH (month, day, and	vaen Unkr	20m. 18	369	I last saw h Lord alive on	, , , , , , , , , , , , , , , , , , , ,
	AGE Yaers 67	Months	Deys	If LESS than 1 day,hrs.	to have occurred on the data stands above, at \$200 P.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
~	Trede, profession, or perticul	lar		ormin.	were es follows:	Date of onset
100	kind of work done, as SP SAWYER, BOOKKEEPER,	etcS	alesmai	1	Α Λ	
OCCUPATION	9. Industry or business in which work wes dona, es SILK I SAW MILL, BANK, etc	MILL,			Chrome myseardates	2
00	Date deceased last worked e this occupation (month an year)	et Id	11. Total ti span occu	ma (yaars) t in this pation		
12.	BIRTHPLACE (city or town)C (State or country)	ass Co	unty		Other Contributory Causes of Importance:	
	13. NAME Samuel				1 tone	
FATHER	14. BIRTHPLACE (city or town) (Stata or country)		wn		Neme of operation Date of What test confirmed diagnosis? Was there are	
MOTHER	15. MAIDEN NAME Mary  16. BIRTHPLACE (city or town)	-	own		23. If deeth was due to externel ceuses (VIOLENCE) fill in also the following Accident, suicide, or homicide? Dete of injury	ng:
	! (Stete or country) .INFORMANT	own. M	d.		Where did Injury occur? (Specify city or town, county and St Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC P	ate) LACE.
18.	BURIAL, CREMATION, OR REMOV	/AL		y 4, 1936	Menner of Injury	
19.		W. Kra		4-9	24. Was disease or injury In any wey ralated to occupation of decaased?	No

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Regueting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis FEFIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial mephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AUG 6 1936	July 5,1927	Perilonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

certificate.

See instructions on back of

TION is very important.

-WRITE PLA

N. B.-

rey	13	1400
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1. PLACE OF DEATH	93-0
County Washington	Registration Dist. No. 307
Village or City & Sestant Grove	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deet roccurred yrs	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAMEMARY Colinabeth Hern	Ld. If U.S. Veteran specify WAR.
(a) Residence: No. La flestmutt Stove (Usual place of abode)	St, Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  5e. If married, widowed, or divorced	21. DATE OF DEATH  (Month)  (Dey)  (Yeer)
HUSBAND of Cor WIFE of Closer of Hobres.	22. July 18 HEREBY CERTIFY, Thet I attended decessed from July 18 1936
6. DATE OF BIRTH (month, dev. and year) 900 92 1878	Nest sew har elive on july 180 ,1936; deeth is said
7. AGE Yeers Months Deys If LESS then	to have occurred on the dete stated above, at 12:30. A.m.
58 5 29 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importence were as I ollows:
8. Trede, profession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work wes done, es SILK MILL. SAW MILL, BANK, etc  10. Dete deceesed lest worked et this occupation month end gard occupation month end gard occupation.  12. BIRTHPLACE (city or town)  (State or country) (Alabinato Connection Md.	Level dilatation of heart  Primary Cause & Chronic Ingreardities  Durathon: Not known, Cutter  Other Contributory Causes of importance:  Patient was dead subus physician or  rised. The Lock only seem has once before
13. NAME Seorge 11. Springh  14. BIRTHPLACE (city or tywg)	Neme ol operation Dete of
(Stete or country (Waglington Country, Md.	Whet test confirmed diegnosis? Wes there en europsy?
15. MAIDEN NAME Cathering C. Holmes  16. BIRTHPLACE (city or town)  (State or country) Dashurator Country, Ma.  17. INFORMANT Country  (Address) Kee deliverible Ma.	23. If death was due to externel ceuses (VIOLENCE) fill in also the 10llowing:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Plece Samples Manst, Modoete July 23, , 1936	Nature of Injury
19. UNDERTAKER CAdiron Stesk Va.	24. Wes disease or injury In eny wey releted to occupetion of deceased? hu
20. FILED July 21, 1936 Corncline H. Castle Registrar.	(Signed) W- Revariable M. D. (Address) Boonsboro.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AIIC A	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU	V. S.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA-

STATE OF	MARYL	AND—CERTIFICATE	OF	DEATH
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1	8	h	1	")
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1. PLACE OF DEATH				• 07
County Mashing glows	~~~=		Registration Dist. No	305
Village or City And der	19. (H	ND. death occurred in a hospital or institu	ution, give its NAME instead of st	St., War
Length of residence In city or town where dea		s. How long In U.S. if		
2. FULL NAME Onfan	17/Emes	Hutzel If U. S. Veteran,	specify WAR	***************************************
(a) Residence: No.		St. Ward.		
PERSONAL AND STATISTIC	(Usual place of abode)	MEDICAL C	If nonresident give city or CERTIFICATE OF DE	
	S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	. 1	,
male White	OR DINORCED (write the word)		rely 22 (Day)	193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	le.	22 I HEREB	Y CERTIFY. That !	attended deceesed fr
DATE OF BIRTH (month day and man)	IN- 72. 1936	liest saw han alive on	rely 22 July	19.36 ; death is s
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Deys If LESS than	to have occurred on the date state	ed above, et /- 30 A-m.	
	1 dey,hrs.	The PRINCIPAL CAUSE OF DEA were as follows:	TH and related couses of importa	Date of on
8. Trade, profession, or perticular kind of work done, as SPINNER,			A	Date of on
SAWYER, BODKKEEPER, etc	none	A /-1/	/ 	
work wes done, as SILK MILL,		Mun		
10. Date deceased lest worked at this occupation (month and	11, Total time (years)	(10000	net inli	
year)	occupetion	Dther Contributory Causes of imp	oortanca.	
12. BIRTHPLACE (city or town)	Lessay Jud.	- Dillor Countries of this		
I 13. NAME Paul Kenn	er,			
13. NAME Aux Kenn  14. BIRTHPLACE (city or town) 1212	stown	Name of operation	***************************************	Date of
(State of country)	Eginge	What test confirmed diagnosis?	Was	there an autopsy?
15. MAIDEN NAME Goldie	tuyliel	23. If death was due to externel ca	auses (VIOLENCE) fill in also the	following:
	sono		Date of injur	ry, 19
(State or country) man	y sand	Where did injury occur?	(Specify city or town, count	y and State)
17. INFDRMANT AND	bour mol,	Specify whether injury occurred	in INDUSTRY, In HOME, or In Pi	UBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Victoria 11	Manner of injury		
Place Known agents	Date 2019 22 19-6	Nature of injury		
19. UNDERTAKER ALLEGAME LO	A THOME	24. Was disease or injury in any	way related to occupation of dece	eased? WD.
(Address) Soms For	M. Ba	If so, specify	J. W. Levan	
20. FILED July . 22., 19.36.	Registrar.	(Address)	Boonston	0.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	11 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of oaset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	111g5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	-1441
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1
N. B.—W

See instructions on back of certificate.

TION is very important.

STATE OF MARYLAND-	CERTIFICATE	OF DEATH
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7673

1. PLACE OF DEATH		93-0	
County Washington		Registration Dist. No. 300	
Village or City Sharpsburg		No.	Ward
Length of residence in city or town where death oc	curredmos	death occurred in a horpital or institution, give its NAME instead of street and number ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Frank Leslie		If U.S. Veteran specify WARWorld.War.A.E.	F.
(a) Residence: No. Same as al		St.,Ward.	
	Jsual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH	
male white OR	DIVORCED (with the word)	21. DATE OF DEATH  July 5, 1936  (Month) (Dey) (Year	r)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Alice Blace	kford	22. I HEREBY CERTIFY, That I attended deceased ruly 1936 to Frely 5 19	from
6. DATE OF BIRTH (month, day, end year) Sept.		Wast saw blin alive on July 5 , 19.36; death is	s said
7. AGE Years Months	Days If LESS than I day,hrs.	to heve occurred on the date stated bove, at	
	0rmin.	were as follows:	onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	rad		
	ol teacher	Aute myo cardilas	
9 Industry or business in which work was done, as SILK MILL, SCHOOL SAW MILL, BANK, etc.		The state of the s	
10. Date deceased last worked at this occupation (month and 1920 year)	11. Total tima (years) spant in this occupation		
12. BIRTHPLACE (city or town) Boones bo (State or country)	oro Md	Other Coutributory Causes of importance:	
≝ 13. NAMEWilliam Hutzell			
13. NAMEWilliam Hutzell 14. BIRTHPLACE (city or town)		Name of operation Date of	
(otete of country) MENT BOOTE		Whet test confirmed diagnosis? Was there an autopsy?	
15. MAIDEN NAME Francis Rhol	cher	23. If death was due to external causes (VIOLENCE) fill In also the following:	-
15. MAIDEN NAME Francis Rholl 16. BIRTHPLACE (city or town)	<b>?</b> O	Accident, suicide, or homicide?	
Mrs Frank Hutz (Address) Sharpsburg Md	zell	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, GREMATION, OR REMOVAL		Manner of injury	
Nathe Cem. Sharpsburgoate	July 7,1936.	Nature of Injury	
Albert Leaf		24. Wes disease or injury in any way related to occupation of deceased? As .	
19. UNDERTAKER WILLIAMSPORT	Md	If so, specify	
20. FILED //6 166 E. 49!	Bare ore	(Signed) V. W. LeVan	M. D.
20. FILED / 10 , 10 6 COT,	Registrar.	(Address) Boonsbow.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioscierosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis IREAL! V. S.	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5, 1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	
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properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

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6	1	)	1	g	3	

1. PLACE OF DEATH			822
County Washin	gten		Registration Dist. No. 303
Village or CityBig_Pool  Length of residence In city or town when			No. St., Waldesh occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Katie	R Kineell		If U. S. Veteran, specify WAR
(a) Residence: No Big Pe			St., Ward.  If nonresident give city or town and State
PERSONAL AND STATIS			MEDICAL CERTIFICATE OF DEATH
3. SEX . 4. COLOR OR RACE Female White		RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH  July 18 (Day) (Year) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martin Ki:	nsell		22.1   HEREBY CERTIFY, That I ettended deceased from the standard of the stand
6. DATE OF BIRTH (month, day, and year) A 7. AGE Years Months 79 3	pril 2, 18	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 10:00Pm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of gass.
kind of work done, as SPINNER, SAWYER, BODKKEPER, etc	11. Total t spe occ	time (years) Int in this Upation	Parafile z ca  Brisnoog cause: Corelowd Secondrishage. 133  Duration: four dayer Curstin.  Dither Contributory Causes of importance:
13. NAME David Dick 14. BIRTHPLACE (city or town) Was (State or country)	hingten Ce	unty	Name of operation Date of What test confirmed diegnosis?
15. MAIDEN NAME Pachael  16. BIRTHPLACE (city or town) Wash (State or country) Mc  17. INFORMANT Mrs Fanni (Address) Big Pool Mc  18. BURIAL, CREMATION, OR REMOVAL Place Shanktawn, Md	ington Cou i. Hebb,		23. If death wes due to external ceuses (VIDLENCE) fill in elso the following:  Accident, suicide, or homicide?
19. UNDERTAKER Snyder Rewlan (Address) Clear spring 00. FILED July 20., 1936	nd Funeral		Nature of injury  24. Was disease or injury In any way related to occupation of deceased?  If so, specify  (Signed) Address) to Clary Prince Inc.  Address) to Clary Prince Inc.  (M. M. M

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example 1	li	Example 11	
The principal cause of of importance were as farteriosclerosis	death and related causes ollows: CEIVED	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephri	is AMG 7 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	AUG 7 1936	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory caus	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
			•	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis AUG 6 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage   BILREALL V. S.	July 5, 1927	Peritonitis	3 days ago
	= 1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arierioscierosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AUG 6 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURFAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATES	MENTS BY PHYSICIAN
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MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 7677
1. PLACE OF DEATH	(59)
County Washington	Registration Dist. No. 304
Village or City / Janeach	No. St., Ward death, occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	. 4 Aserstow long in U.S. if of foreign birth?
2. FULL NAME Man	kenth
(a) Residence: No. / Hancock (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  OR DIVORCED (write the word)	21. DATE OF DEATH  Month)  (Day)  (Year)
5a. II married, widowed, or divorced HUSBAND of	
(or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Luly 1, 1936	1 last saw h alive on Ludy 1936 death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, 4.330 Pm.
1 day, ————————————————————————————————————	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:
8. Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Premature
M. Industry or business in which work was dona, as SILK MILL,  SAW MILL, BANK, etc.	Jufat.
0 10. Data dacaased last worked at 11. Total time (years)	
this occupation (month and spent in this occupation occupation	
12. BIRTHPLACE (city or town) / Lancock	Other Contribotory Causes of Importance:
(Stata or country) manyland	
13. NAME Wilson Wood machane	<b>K</b>
14. BIRTHPLACE (city or town) Sordonsville	Name of operation 2000 Data of
(State of country)	What test confirmed diagnosis? Climical Was there an autopsy? Mo
15. MAIDEN NAME Virginia Tung Rught  16. BIRTHPLACE (city or town). Ellet.	23. If death was due to external causes (VIOLENCE) fill In also the following:
o 16. BIRTHPLACE (city or town) Ellet,	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Whara did injury occur? (Specify city or town, county and State)
17. INFORMANT	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa / askulad M. Data / / 1936	Nature of injury
19. UNDERTAKER DE LEUKING	24. Was disease or injury in any way related to occupation of deceased?
(Addrass) plancocks mil	If so, specify
20. FILED 9/1 1936 If Femilias	(Signed) M. D
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVE AND

CERTIFICATE OF REATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	-Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis : E 1 V E D	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1931	Run over by street car	1 week ago
Cerebral hemorrhage   19.6	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 7678
1. PLACE OF DEATH	46-0
County Washington	Registration Dist. No. 307
	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred b I _yrs,mos.	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME & love Jon & Mar	1m 6 HU. S. Veteran, specify WAR.
(a) Residence: No. (Usual place of abode)	CSt., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 23 193 6
Timale while Sengers	(Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. THEREST CERTIFY hat pattended deceased from
6. DATE OF BIRTH (month, day, end year) 0 4, 13 1874	lest saw h 2 alive on 1936, 1036 Acres 1936 death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stared above atm.
15 61 9 10 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER	1) 1 0 0 0)
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL BAWK etc.	( acemania of slonger) Y
work was done, as SILK MILL, SAW MILL, BANK, etc	Tomolathus ft levels
0 10. Date deceased lest worked et this occupation (month end spent in this	
year) occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Washin ( lase)	Other Coursesury Causes of Importance.
(State or country) Many land	
14. BIRTHPLACE (city or town) Weakington es	
14. BIRTHPLACE (city or town) 1000 mg for es	Name of operation Data of
(State of country)	What test confirmed diagnosis? Was Viere an aulopsy?
15. MAIOEN NAME Seach Booth  16. BIRTHPLACE (city or town) Level State or country  (State or country)	23. If death was due to external courses (VIOLENCE) fill in also the fallowing:
[State or country]	Accident, suicide, or homicide?
(State of country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MAS LOCAL HOOLE, CANDON HOOLE,	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Know tulle morte July 241936	Neture of injury
19. UNOERTAKER AND Downsur Set Vn A	24. Was disease or nijury in any wey related to occupetion of decessed?
20. FILED July 25th, 1936 Cornelius H. Castle Registrar.	(Address)
N GALLA	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
S		
	Other contributory causes of importance:	Eclois
May 1,1923	Gastroenteritis	1 year
		N
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

V. S. No. 1

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1. PLACE OF DEATH	MARTLAND—	CERTIFICATE OF DEATH 7679
2./2.0	*	3 1 3
County // County	rifil or	Registration Dist. No. 3
Village or City Co gler		No. / St., War f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death	occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME	anw. A 4. Sla	Mills Welgran, specify WAR_
(a) Residence: No. 1 2 6 // 1	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July 20 , 193 (Year) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22   HEREBY CERTIFY, That I attended deceased fro
(di) inte di		July 20, 19 3619 19
6. DATE OF BIRTH (month, day, end year)	July 20, 1936	I Wast saw h alive on Still bond ; death is sai
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at
	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were es follows:
8. Trede, profession, or perticular	1 01	Date of onse
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		1 ( ) -0
9. Industry or business in which		Stallhom
work was done, es SILK MILL, SAW MILL, BANK, etc	1	
- I I I I I I I I I I I I I I I I I I I	11. Total time (yeers) spent in this	
year)	occupation	Other Centributory Causes of importance;
12. BIRTHPLACE (city or town) I tager	stour 1	0
(State or country)	Till .	for mouths progracy
13. NAME William A.	Mª Rame	
13. NAME // LUCAMA A.  14. BIRTHPLACE (city or town)		Name of operation Date of
(State or country) Ma	ryland	What test confirmed diagnosis? Cfuccal Was there an autopsy?
15. MAIDEN NAME Glachs	Palmer	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Hadys  16. BIRTHPLACE (city or town)	4 1	Accident, suicide, or homicide? Date of Injury19
(State or country)	ryland	Where did injury occur?
MILI TMC	7N/2 44.00	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
17. INFORMANT (Address)	Tour me	opecity whether injuly occurred in INDUSTRI, in NOME, of in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL	MI	Manner of injury
Place Hagerstown D	ate /2/ ,19.3.	Nature of injury
9-21/ 8	Tora 1	
19. UNDERTAKER (Address)	The sons	24. Was disease or injury in any way related to occupation of decased?
7 3/- 91	THE THE	If so, specify A A A A A A A A A A A A A A A A A A A
20. FILED	Mocion	(Signed)
16 11.1	Registrar.	(Address) Hadesslawy Wisk
If more blank	s are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U(S/No. 1.

CTATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Evample II

Example 1		Example II	
The principal cause of death and related causes of importance were as follows: EIVED  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis AUG 6 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:	3	Other contributory causes of importance:	1 = 21
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	<b>PHYSICIAN</b>
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-1	A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor	state UPA.	1. PLACE OF DEATH	(0,80)
	OCC	County Washington	Registration Dist. No. 306
item	Ď.	Village or City Case alle	No. St, Ward
- in	S s	(II	death occurred in a hospital or institution, give its NAME instead of street and number)
Every	ent ent	Length of tesidence in city or town where death occurred 6.7 yrs, (b) (1 mos	ds. How long in U.S. if of foreign birth?yrsmosds.
Ev	CIT	2. FULL NAME Cemanda Luella mi	ller
9	YSICIAN statement	(a) Residence: No. Cascalle Md (Usual place of abode)	St., Ward.  If nonresident give eity or town and State
2.5		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2	. PE Exact	3. SEX 4. COLOR OB RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH O
E	7	OR DIVORCED (write the word)	July 15 ,1936
ENG	CTL ified.	Sa. If marriad, wildowed, or divorced	(Month) (Day) (Year)
BINDIN	X A C T I classified.	HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY. That I attended deceased from
BIN		0	1, -10, 1914, 10, 1-10, 193.6
	stated E properly certificate	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at 300 Q m.
OR S A	stated properl ertifica	1/4 10 a l 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
F(	sta pro	8 Trade profession or particular	were as follows:
Q	be of	8. Trada, profassion, or particular kind of work done, as SPINNER, House Dules	Voll basseet date
VE	H	9. Industry or business in which	July 11/1/3
A. A.		work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and spant in this	Marration
RESERVED G INK_THIS	0 + 13		
RI	oplied. AGE erms, so that instructions o	year) oecupation oecupation	Other Contributor Causes of importance:
IN RADING	So	12. BIRTHPLACE (city or town) Cascade Ma	Insanily
0 5	ied ms, stru	is 13. NAME John C Miller	
AF		T /	
H	in See	14. BIRTHPLACE (city or town)	Name of operation of the or there & Unit petities
<b>D</b> E	carefully FH in pla ortant.	# 15. MAIDEN NAME Cerma Rosper	What test confirmed diagnosis Was Mere an autopsy?
	be carefu EATH in p important.		23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
LY	be car EATH import	O 16. BIRTHPLACE (city or town)  (State or country)	Whare did injury occur?
	be EAT imp	Jan Jan Delle	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
LA	Should OF D	17. INFORMANT OWN YMULES (Add(ess) O as o c. de Ma	, , , , , , , , , , , , , , , , , , , ,
<u> </u>	shou E OF	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
	SE	Place Bethel Cernetry Dalo city 18 , 1936	Nature of injury
WRITE	CAUSE TION	19. UNDERTAKER Walter 4 Grove	24. Was disease ar injury in any way related to occupation of daceased?
ė l	EOF	(Addrass) Waynerborn Pa	If so, specify
S .	(	20. FILED July 16 1936 Ger W. Ferguson	(Signad) Jele - M. D.
> Z	(7)	Cocal Registrar.	(Add) fue flielge sinningt
		If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. N. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related eauses, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhoge	July 5, 1927	Peritonitis	3 days ago
Other contributory eauses of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP	ACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 7681
1. PLACE OF DEATH	(6) E
county Coashington	Registration Dist. No. 305
Village or City Beaver Creek	No. St., Ward
Length of residence in city or town where death occurredyrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
6 0 0 0 1	
2. FULL NAME of with the land	If U. S. Veteran, specify WAR
(a) Residence: No. 1 (LCu) (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Female Cohile Sigh	(Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Single	June 10, 136, to July 25, 1936
6. DATE OF BIRTH (month, day, end year)	Mast saw h E alive on July 2 H 1936; death is said
7. AGE Yaars Months Oays If LESS than	to have occurred on the date stated above, at 3. A.m.
46 3 14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Chronic Cardio faccular 2
SAWYER, BOOKKEEPER, etc.	Reval disease -
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	
0 10-Date deceased last worked at 11. Total tima (years)	ausuntar Threllation !
this occupation (menth and year) 1936 occupation Life.	
12. BIRTHPLACE (city or town) May Bornslow	Other Contributory Canses of importance:
(State or country) Wash Co. Md.	
13. NAME Ollo J. Toiller	
13. NAME The Toller  14. BIRTHPLACE (city or town) Man Bornobro	Name of operation. Accept
(State of country)	What tast confirmed diagnosis? Clusured Was there an autopsy?
15. MAIOEN NAME Dorence & Bian 16. BIRTHPLACE (city or town) Dujersbille	23. If death was due to external causes (VIOLENCE) fill In also the following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury, 19
(State or country) And.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Clarence Aller.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Sorustono Md.  18: BURIAL, CREMATION, OR REMOVAL	Manage of Indiana
Domosbow Cenutary Oato July 27, 1036	Manner of injury
Por S A DE L	24. Was disease or injury In any way releted to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify
11 17 11 612 11.	(Signed) MB Resales MD

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Addrass)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retited from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis ANG 5 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage   BIREAU Y. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

3

V. S. No. 1

M

19. UNDERTAKER

(Address)

should state

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 7682
County Washington Village or City Magerstown Md	Registration Dist. No. 302  No. Wash. Co. Hospital st., 3 Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long In U.S. if of foreign birth?
(Countries of about)	Ricge aveWard.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH July, 21, 1936  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mildred Preston	22. I HEREBY CERTIFY, Thet I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Jan, 25, 1878  7. AGE Years Months Days If LESS than 1 day,hrs. orhrs.	I last saw h allve on, 19; death is said to have occurred on the date stated above, et. 2 ~ 30 . M
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Jaborer  Mork was done, es SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and the second last worked)  11. Total time (years)  Second In this countain (month and 1927	temple.
11. Total time (years) spant in this occupation (month end 1927 spant in this 11fe occupation	Suicide
12. BIRTHPLACE (city or town) Smithsburg (State or country)	Other Contributory Causes of Importance:
13. NAME Genois Miller	

14. BIRTHPLACE (city or town Name of operation... FAT (State or country) What test confirmed diagnosis? MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) (State or country)

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE Hagerst (Address)

Registrar.

18. BURIAL, CREMINTION, OR REMOVAL Leaf

24. Was disease or Injury In any way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Nature of Injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 1100 G 1000	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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OCCUPA plnous Exact BINDING certificate. properly RESERVED Jo may back plnods on that instructions ARGIN See carefully d important. i. DEATH pe plnous very OF WRITE CAUSE mation LION

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. II of foreign birth? vrs. mos. ds. Langth of residence in city U. S. Veteran specify WAR If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 51. DATE OF DEATH 3. SEX A COLOR OR 5. SINGLE, MARRIED, WIDOWED, DIVORCED (write the word) (Month (Dev) 5a. If married, widowed\_or dixorced HUSBAND of 22. CERTIFY. That i attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, dev. a. Months 7. AGE Dave If LESS than to have occurred on the date stated above et //// 1 day. hrs The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... min. were es follows: Oate of onset 8. Trade, prolession, or particular OCCUPATION kind of work done, as SPINIVE SAWYER, BOOKKEEPER, ALL "3. "ladustry or business in which work was done, as SILK MILL SAW MILL, BANK, etc .... O Date decaesed lest worked at 11. Total time (years) C this occupation (month end occupation 12. BIRTHPLACE (City or town) (State br country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (Stata or country What test confirmed diagnosis? OTHER 18. MAIOEN NAME 23. If death was due to externel cousas (VIOLENCE) fill in also the following: Accident, suicide, or homicide? \_\_\_\_. Date of injury (State of country) Where did injury occur? \_\_\_ (Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANI (Address) 18. BURIAL, CREMATION OR Menner of Injury ... Neture of injury 24. Was disaase or injury in any way releted to occupation of deceased? 19. UNDERTAKER II so, specily (Signed). 20. FILED A Registrar. (Address) If maze blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Exa	mple I		Example II	
The principal cause of death of importance were as follow	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	AUG C	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago
	H BUKIN			
Other contributory causes of	f importance:		Other contributory causes of importance:	
Gallstones	e	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAL
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of infor-

12. BIRTHPLACE (city or town) (State or country)

15. MAIOEN NAME

(State or country)

(State or country)

13. NAME

17. INFORMANT. (Address)

19. UNOERTAKER

20. FILED.

(Address)

9. Industry or

OCCUPATION

FATHER

MOTHER

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 7684
1. PLACE OF DEATH	
	48 7
County Thashington	Registration Dist. No. 305
Village or City Books Vord	NoSt.,Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town whera death occurred	ds. How long in U.S. if of foreign birth?
2. FULL NAME Mary Ellen To	oser
(a) Residence: No. Toonsboro V	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced	(Jay) (Toat)
HUSBANO of (or) WIFE of	22.   I HEREBY CERTIFY, That I attended deceased from
proge W. Misson	1926, to July 2, 1986
6. DATE OF BIRTH (month, day, end yeer) May. 28, 1876	Vast saw h_ alive on Poly 19.0; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above at 10: a.m.
(00) / 4   1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows:
8. Trede, profession, or particular	Usta of one at
8. I rede, profession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.	Requires to action 6/17/30
9. Industry or business In which	

work was done, as SILK MILL, SAW MILL, BANK, atc..... 10. Oate deceasad last worked at this occupation (month and 11. Total time (years) occupation \_\_\_\_\_\_\_ Name of operation. 14, BIRTHPLACE (city or town) Whet test confirmed diagnosis? ..... Was there an autopsy? ..... 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Oate of injury\_\_\_\_\_ 19 16. BIRTHPLACE (city or town) Where did Injury occur?\_\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury 24. Was disease or injury in eny way related to occupation of deceased?\_\_/\_ If so, specify (Signed) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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**	Example I	10	Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	ANG 5 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	itis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
1				
Other contributory can	uses of importance:		Other contributory causes of importance:	-1
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH	COT.
1. PLACE OF DEATH	(3)	000
County Washington	Registration Dist. No. 30	5
Village or City Dableville	NoSt.,	Ward
1/ ///	(If death occurred in a hospital or institution, give its NAME instead of street and nos. ————————————————————————————————————	
2. FULL NAME Poten Elman M	Jullen If & S. Veteran, specify WAR TOO -	
(a) Residence: No. Mapleville, Ma	· St Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
8. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF SEATH	193 6
a. If married, widowed, or divorced	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of (D)	22.   HEREBY CERTIFY, That I attended of	deceased from
alonga C. Muller	Upril 1900, 1900, to fly	, 19. 2.6
DATE OF BIRTH (month, day, and year) (Viloley -21-1859	- 160	; death is said
AGE Years Months Days If LESS than	to have occurred on the date stated ebova, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
/6 8 2 ormin.	were as follows:	Date of onset.
7: Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chrome My ocerdates	4/15/3
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and		
SAW MILL, BANK, etc		
this occupation (month and year)		
2. BIRTHPLACE (city or town) OSt, James	Other Contributory Causes of importance	4-/15-1
(Stata or country) Wash. Co. Ind.	- Chilles raginarism	1-1-1-1-1-1
13. NAME A every mullen		
13. NAME Servey Mullens  14. BIRTHPLACE (city or town) St. Januels	Name of operation Date of	
(State of country)	What test confirmed diagnosis? Was there an a	utopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town) St. Janus	23. If death was dua to axtarnal causes (VIOLENCE) fill in also tha following	:
16. BIRTHPLACE (city or town) St. Janus	Accident, suicide, or homicide? Date of injury	, 19
(Stata or country) Tousk. Co. md.	Where did injury occur?(Specify city or town, county and State	
7. INFORMANT Mrs. Totalouge C. mulle	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLA	ACE.
(Address) Boouston md. R.	L	
Felos Vines Cometary Date to les 20, 19-31	Manner of injury	
Tikoliney Churchand. Date fals 20, 1934	Tradate of injury	2.4
9. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of decaased?	10
0 1 8 00 9 KB V	(Signed) Mulest Parke	M D
20. FILED haly. 201., 1936 Dellar Registrat.	(Address) 1300m hore. The	M. D.
If more blanks are needed, address State Registr	ar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

xample I		Example II		
th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1000	1915	Attack of epilepsy	1 week ago	
AUG U	1921	Run over by street car	1 week ago	
BUREAU V.	July 5,1927	Peritonitis	3 days ago	
of importance:		Other contributory causes of importance:		
	May 1,1923	Gastrocnteritis	1 year	
	AUG 5 1930	th and related causes pole of onset was 1986 1986 1991  AUG 5 1986 1991  BUREAU V. S July 5,1927  of importance:	th and related causes   Dole of onset of importance were as follows:  Attack of epilepsy   Run over by street car    BUREAU V. S July 5,1927   Peritonitis    of importance: Other contributory causes of importance:	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA
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3

STATE OF MARY	AND-CERTIF	CATE	OF	DEATH
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pay	13	61	10	
7	()	0	()	

1	1. PLACE OF DEATH			93-0	211
	County Washington			Registra	tion Dist. No. 201
	Village Williams	port	Md	No	St. Ward
				death occurred in a hospital or institution, give its N	
			4110	ds. How long in U.S. If of foreign birth	17ds.
2			ia Murph	If U.S. Veteran specify WAR	
	(a) Residence: No. Shar	psburg		St., Ward.	
		(Usual place		1	ident give city or town and State
_	PERSONAL AND STATISTI			MEDICAL CERTIFICA	ATE OF DEATH
3.	female white	or Divorcei	RIED, WIDOWED, D (write the word) WEQ	21. DATE OF DEATH	13, 193 (Mar)
5a.	. If married, widowed, or divorced HUSBAND of				(131)
	(or) WIFE of John Mur	phy		1 HEREBY CERT	IFY, That i attended deceased from
	DATE OF BIRTH (month, day, and year) Se  AGE Years Months	pt 24,	1856 If LESS than	I last saw how alive on Sulu	
**	AGE Years Months		1 day,hrs.	to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related	
	1 9	1 19	ormin.	were as follows:	Date of onset
NO		Housewo	rk	0.86	D
OCCUPATION	SAWYER, BOOKKEEPER, atc	, ,		Mecondina	June C. III 29.
UP	work was dona, as SILK MILL, a.			(+(+	
2	10. Date deceased last worked et this occupation (month and 1935 year)	• 11. Total ti	ime (years) ntinthis ] if a		
	year)	0031	nt in this life		
12	. BIRTHPLACE (city or town) N -2 F-Cu	mhamlan	2 112	Other Contributory Causes of importance:	
14	(State or country)	HOCTTAIL	GW-G	My Juis Selmon	A Coma
ER.	13. NAME John Swain				4.11.00
FATHER	14. BIRTHPLACE (city or town)Prin	ce Geor	me Co	Name of operation	Date of
F	(Stata or country)	04	8		Was there an autopsy?
ER	15. MAIDEN NAME Mary Pop	er		23. If death was due to external causes (VIDL ENG	
MOTHER	16. BIRTHPLACE (city or town)			Accident, suicide, or homicide?	
×		ce Geor	ce Co Md	Where did injury occur?	
	Mrs John Mu		0	Specify whether injury occurred in INDUSTRY,	ity or town, county and State)
17.	(Address) Sharpsburg				
18.	BURIAL, CREMATION OR REMOVAL			Manner of Injury	**
	Place S-harpsburg Md	Data	v-16-,1936.	Nature of Injury	
1-	Albert Leaf			24. Was disease or Injury In any way related to	occupation of deceased?
19.	(Address) Williamspo	pt 1	v d	If so, specify	weekering of decoased;
	0 100	8 0h	int -1	(Signed)	asserved ) Mb
20.	FILED July 15,1986 14	e por p	Registrar.	(Address) The last	may the

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows: EIVED	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUPEAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Other contributory causes of importance:

Gallstones

May 1,1923

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED

# STATE OF MARYLAND—CERTIFICATE OF DEATH

page 1	12	0	10
1	Ps.	N	1
	V	0	8

1. PLACE OF DEATH	(93.2)
County It askington	Registration Dist. No. 31/4
Village or City Kendyswelle	No. St., Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residanca in city of town where daath occurred. Q.Q. yrs	losyrsmosgs
2. FULL NAME Quiromas H. Myers	
(a) Residence: No. Kerdysville	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male White married	(Month) (Oay) (Yaar)
5a. If marriad, widewed, or divorced HUSBANO of	
(OT) WHE OF MAD Sugar m Malera	22. I HEREBY CERTIFY, That I attended dacasas from
2 1 1051	I last saw have alive on July 29 , 1936; death is sale
6. DATE OF BIRTH (month, day, and year)  7. AGE  Yaars  Months  Oavs  If LESS than	
1 day h	to have occurred on the date stated above, at 2 4 1 m.
80 3 /8 ormin.	were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER,	
SAWYER, BOOKKEEPER, etc. Y. Wellmanlaw.	O · · · ·
work was done, as SILK MILL,	Chronie Myocardetes.
SAW MILL, BANK, etc. 11. Total tima (yaers)	
this occupation (month and 6/1/36 spent in this occupation	<i>V</i>
20.00	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Desculpantle (State or country)	
13. NAME michael myers	
14. BIRTHPLACE (city or town) Social with the state or country)	Name of operation
C (State of Country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Malenda Snyder	23. If deeth wes due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) - Man Sarroum N	Accident, suicide, or homicide? Oate of injury, 19
Stete or country)	Where did injury occur?
17. INFORMANT OF my Weeder	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Keelywelle, Mcl.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Fourseur- Ndys. Date July 5, 1991	Neture of injury
19 UNDERTAKER G. I. Suman + 80	24. Was disaase or injury in any way releted to occupation of deceasad?
(Address) Keedy welle mo	If so, specify A O PM
De 2 /21 DEADINE	(Signed) J. W. Lefan M.
20. FILED CILLY Refistrar.	(Addrass) Bondon Ind.
4	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HUCEAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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should Jo

#### STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Length of residence In city or town where deeth occurred 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEI OR DIVORCED (write the word 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Davs If LESS the I day, ..... or ..... min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.\_\_\_ OCCUPATION Mindustry or business in which work was done, es SILK MILL SAW MILL, BANK, etc.\_\_\_\_ 11 (that time (years) spent in this 10. Date deceased lest worked at this occupation (month and occupation \_\_/5 12. BIRTHPLACE (city or fown) (State or country) FATHER 13. NAME 14, BIRTHPLACE (city or town) (State or country) MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

	(100)	
	Registration Dist. No. 3 0	0
(If mos.	No. St., death occurred in a hospital or institution, give its NAME instead of street and n  Other ds. How long in U.S. if of foreign birth? yrs	Ward (umber)
Ze	kirk If U. S. Veteran, specify WAR	
d:	St., Ward. # 1703 V irginia Alelf nonresident give city or town and	State
	MEDICAL CERTIFICATE OF DEATH	
	21. DATE OF DEATH	
)	(Month) (Dev)	193 6
	(moral) (bey)	(Tear)
	22. I HEREBY CERTIFY, That I attended d	eceased from
	, 19, to	, 19
	I last saw h alive on	; death is said
n hrs.	to have occurred on the date stated above, atm.	
1115.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Data of small
	Cacidental Diocomun.	Date of onset
	a boat was not involved a Ceville	>
	Deceased tell from bank of Piver into	P
	about two feet of water and was drow	ned -
0	P	33883
~	Other Contributory Causes of importance:	
	Deceased evidently had a fit or stro	Re of
	paralysis, or he could have traded or	+ Tohan
	Relp came, and they got the bady out of the	2 River.
	Name of operation	
	What test confirmed diegnosis? Was there an au	rtopsy?
	23. If death was due to external causes (VIOLENCE) fill In also the following:	
	Accident, suicide, or homicide? _ Qccident. Date of injury	
	Where did injury occur? mear sharpshing, Washington Os.	2 met.
	(Specify city of town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
24	000: -10	
	Manner of injury Cacademal divoronin	9
6.	Neture of injury(	]
	24. Wes disease or injury In eny wey related to occupation of deceased?	
	If so, specify	
	(Signed) Co, Edward Toland Sacting	Cosoner M. D.
	(Address) Hageislown, Wod)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Roquesting V. S. No. 1.

Registra

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

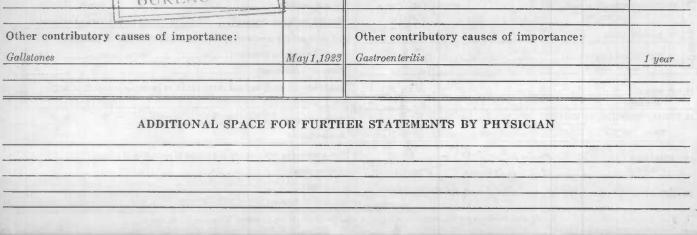
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Chronic interstitial nephritis AIIG 5 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Objections of the security of			
Other contributory causes of importance:	Thursday	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
CARL AND BOARD AND A SECOND OF THE SECOND OF			



V. S. No. 1

	infor- state UPA.
M	item of should of OCC
	Every CIANS tement
	PHYSI PHYSI act sta
5	FLY.
OR BINDING	S A PERMANENT RECORD. Every item of inforated E X A C T L Y. PHYSICIANS should state openly classified. Exact statement of OCCUPA.
OR E	S A PE ated E

County Wat hingling.	93-C Registration Diet No. 306
Village or City Mear amithing	No. St W.
Length of residence in city or town where death occurredyrs,	f death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Larah Meucones	1
(a) Residence: No.	OA Wand
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Curgle	21. DATE OF DEATH  Z (Month) (Day) (Yaar)
I. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. That I HEREBY CERTIFY. That I attended deceased to
DATE OF BIRTH (month, day, and year) Lee 9,98 50.	Hastrawhan alive on July ///
AGE Years Months Days If LESS than	to have occurred on the data stated above, At 5.70 Pm.
8-5- 7 2 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade profession or particular	muncardetis a Data of
SAWYER, BOOKKEEPER, atc	artero-Seleruses part lan
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	
	Chronic myocardition Duration shout one
10. Date deceased last worked at this occupation (month and 255 spant in this occupation to compation occupation to compation occupation occupa	year Cever R
Menull. 1	Other Contributory Causes of importance:
(Stata or country)	Olaman Olaman
13. NAME Ravid Neucomer.	Jes Me Melimaniami dollar
14. BIRTHPLACE (city or town) AAA-a	Name of operation.
(State or country) May fava.	What test confirmed diagnosis hyper Cul Service an autopsy?
15. MAIDEN NAME Calpening Friedly.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) - Amoustand.	Accident, suicide, or homicide? 2.20 Date of Injury 19
(State or country) Maryland,	Where did Injury occur?
INFORMANT Charles C. Free	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Smithing RAV.	
BURIAL, CREMATION, OR REMOVAL Place Puces Cem. PG. Data 7/14 1056	Manner of injury
Place Puces Cem. Fts. Date 7/14 , 1956	Nature of Injury
UNDERTAKER Comad Funeral Home	24. Was disease or injury in any way related to occupation of deceased?
(Addrass) Something me.	If so, specify
FILED July 12 1936 St / Frigues	(Signad)
1 (Vical Registrar.	(Address) (Address) Pushow Pu

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTI	R STATEMENTS BY PHYSICIAN
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V. S. No. 1

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	CERTIFICATE OF BEATING
1. PLACE OF DEATH WIT MAN GUERRE	668
County / arling too	Washing Registration Dist No. 74 302
Village or City to Tombe Canal	a stagular 3
	If death occurred in a horpitator institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmo	
2. FULL NAME The Dasie May !	as den. (Daisy may aden)
(a) Residence: No. 3/0 S Course aug	Mst., 3 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH \ ( )
Jenale Mill midonel	(Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBANO of	
(or) WIFE of Villiam Paden	22. I HEREBY CERTIFY. That I attended decessed from
6. DATE OF BIRTH (month, dey, end year)	A Company
7. AGE Years Months Oeys If LESS than	to have occurred on the date stated above, at 150 pm.
1 day,hrs.	to have occurred on the date stated above, at 1 3 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
2 Trade profession or materials	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	+7
work was done, as SILK MILL, SAW MILL, BANK, etc.	- / X/C XOLL
10. Date deceased last worked at this occupation (month and spent in this	
year) occupetion	
12. BIRTHPLACE (city or town). Hory exitoner hal	Other Contributory Causes of importance:
(State of country) Wall loo. 19.7 0.5	***************************************
13. NAME Condown Troumass.	
14. BIRTHPLACE (city or town) try to Pa	Name of operation Thyrorde town Date of 1015
(State or country) / Maryland	
15. MAIDEN NAME Harrist. Howers	What test confirmed diagnosis?
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country) Mary Parcy	Where did injury occur?
17, INFORMANT Lake of Parales	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Takana Parka mel	- Transfer in any occurred the interest in nome, of in public PLACE.
18. BURIAL, CAEMATION, OR REMOVAL	Manner of injury
Place of the Central pator sely 13, 193	Nature of injury
10 HADEDTAKED VALLE B. 14	
19. UNDERTAKER - 100 · 1 100 ·	24. Was disease or injury in any way related to occupation of deceased?
7 12- 36 - 4- 11/2- 11/2-	(Signed)
20. FILED 1936 Registrar.	(Address) Lag end own M. O.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial mephritis AUG 6 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923.	Other contributory causes of importance:  Gastroenteritis	1 year

Other contributory causes of importance:

Gallstones

May 1,1923

Gastroenteritis

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

V. S. No. 1

# STATE OF MARYLAND-CERTIFICATE OF DEATH

7691

II I LACE OF BEATH		(159)	
County Washington		Registration Dist. No. 30	2
Village or City Hagerstown	) 	No. Washington County Hospistal 3 death occurred in a hospital or institution, give its NAME instead of street and numb	Ward
Langth of rasidence in city or town whare deeth occurred	yrs,mos	ds. How long in U.S. if of foraign birth?yrsmos	ds.
		If U. S. Veteran, specify WAR	
		St., 2 Ward.	
(a) Residence: No. 32 Garlinger	e of abode)	St., Ward.  If nonresident give city or town and State	e
PERSONAL AND STATISTICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX A. COLOR OR RACE S. SINGLE, MA White Singl	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH July 29, (Month) (Dev)	36
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. HEREBY CERTIFY, Thet I attanded dece	
6. DATE OF BIRTH (month, day, end year) July 28,	1936	I lest saw here elive on fal 25 1, 19 56; de	
7. AGE Yaars Months Days	If LESS than I day,hrs.	to have occurred on the date steted above, at \$ OOA m. The PRINCIPAL CAUSE OF DEATH and related causas of importance	
8. Trade, profession, or particular	ormin.	were se follows:	te of onset
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etcInfant  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc  10. Date deceased lest worked at this occupation (month and	Child time (years)	Cremature six months gesteting	
- I this occupation (month ond	ant in this cupation	Olher Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Hagerstown,		one of the control of	
(Stata or country) Md.			
13. NAME John H. Pearl 14. BIRTHPLACE (city or town). Thurmont			
14. BIRTHPLACE (city or town) Thurmont		Neme of operation Dete of	
(State of country)		What tast confirmed diagnosis? Wes there an autop	sy? Mo
15. MAIDEN NAME Fern Ramsey		23. If daath was dua to external causes (VIOL ENCE) fill in also tha following:	
15. MAIDEN NAME Fern Ramsey 16. BIRTHPLACE (city or town) Hagerstown (State or country) Md.		Accident, suicida, or homicide? Dale of injury Where did injury occur?	, 19
17. INFORMANT John H. Ramsey (Address) Hagerstown, Md.		(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL		Menner of injury	
Place Hagerstown, Md Date Jul	y 29, 19 36	Neture of injury	
19. UNDERTAKER Fred W. Kraiss.		24. Was disaasa or injury in any way related to occupation of deceased?	14
(Addrass) Hagerstown, Md.	*	If so, specify	V-5
7-29. 36 BARAHY	BARRON	(Signad) 20/50 J Co De (1	M. D.
20. FILED	Registrar.	(Address) Vacus Jack Mil	and the be

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AUG 6 1936	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Regis

If more blanks are needed, address State R

STATE OF MARYLAND—CERTIFICATE OF DEATH

3	13	0		
1	()	y	2	

	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH (Modith) (Day) (Year)
	22. I HEREBY CERTIFY, Thet I attended deceased fro
_	I last saw here alive on July 1936; death is sai to have occurred on the date stated above, at 170 fm.
rs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
-	acus Durn of hear July (
	Chanic onyocardities Direction! these
	months custo
	Other Contributory Causes of importence:
	(10m Indages h
R	Name of operation Data of What tast confirmed diagnosis? Was there an autopsy?
	23. If daath was due to axtarnal causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicida?
	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
9	Manner of injury
21	
3	Nature of injury
3/	Nature of injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitud nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	- 47
Gallstones	May 1,1923	Gastroenteritis	1 year

3

1. PLACE OF DEATH	(31)
County Coashington	Registration Dist. No. 305
Village or City Mapleulle	NoSt.,Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME MOSES Elles Plan	TARA HUS. Veteran specify WAR
(a) Residence: No. maslurilu ma	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Male  1. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July 30, 1936 (Year)
5a. It married, widowed, or divorced HUSBAND of Corp. Wife of Mass Cellian Plotner	22. I HEREBY CERTIFY, That I ettended deceased from 1953, to July 30 1936
6. DATE OF BIRTH (month, day, and year) 524, 22 - 1866 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, it. #:20 m.
8. Trade, profession, or particular kind of work done, as SPINNER.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:  Date of onset  Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this prograption (worth and	diasase a Hypertusion
10. Date deceased last worked et this occupation (nonth en year)	insigned Time and
12. BIRTHPLACE (city or town) Street Skring (State or country)	Other Coutributory Causes of importance:
13. NAME John Plotner	4
13. NAME  14. BIRTHPLACE (etty or town)  (State or country)  13. NAME  Plotties  Plott	Name of operation Dete of Dete of Was there an eulopsy? Was there an eulopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Are fillian Plotine. (Address) makleville md.	(Specify city or town, county and Stale) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL  Place At egesile (0. Veste Que, 3., 1936.	Manner of injury
19. UNDERTAKER DU - Base Son (Address) Bossustan Md.	24. Was diseese or injury in eny way related to occupation of deceased? Lo
20. FILED auge 1: , 1936 Chilliam Resistrar	(Signed) MB, Maker M.D.  (Address) Brown horo M.D.

-WRITE PLAINLY,

N. B.

TION is very important.

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Chronic interstitial nephritis AUG 5 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Other contributory causes of importance:

Gallstones

May 1,1923

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

A.	5	STATE C	OF MAF
state UPA-	1. PLACE OF DEA	/HTA	
of CC	County V V Q	ishin	ator
Every item of infor- IANS should state sment of OCCUPA.	Village or City	10 q ex	Stown
NS NS ent	Length of residence in	city or town where	death occurred
Zvel IAN mei	2. FULL NAME -	Salsh	LVV
RD. Every YSICIANS statement	(a) Residence: No.	815 N	(Usual place
E H C	PERSONAL A	ND STATIST	ICAL PART
r Kalo Y. PH Exact	3. SEX 4. COL	OR OR RACE	S. SINGLE, MA
T L L led.	En If married widowed as di	34.46	ama-
IS A PERMANENT stated EXACTLY properly classified. ertificate.	5a. If married, widowed, or div HUSBAND of (or) WIFE of	therin	<b>4</b> .
EX EX ly cla	6. DATE OF BIRTH (month, d		ray 9
IS A PE stated E properly certificate	7. AGE Yeers	Months	Days
IS A stated proper	10		122
	8. Trede, profession, or kind of work done SAWYER, BOOKKI	e, as SPINNER, LEPER, etc.	ruck
NK—T should it may in back	kind of work done SAWYER, BOOKKI SINDERSON SINDERSON SAW MILL, BANK Output Do Date deceased lest we this occupation (me.	in which s SILK MILL, , etc	Ret
INE SHE SH at it s on	10. Date deceased lest w this occupation (m year)	ionth and	11. Tote
H UNFADING INK—THIS supplied. AGE should be in terms, so that it may be See instructions on back of or	I2. BIRTHPLACE (city or town (Stete or country)	, cla	the was
UNFA supplied t terms, ee instru	13. NAME	10 Rea	in d
ITH U	14. BIRTHPLACE (city or (State or country)		Y
WIT efull in pl ant.	15. MAIDEN NAME	To R	econd
INLY, WI be careful EATH in p important.	16. BIRTHPLACE (city or (State or country)		ч и
	17. INFORMANTUL YS.	Cather	na P
PL ould	(Address)	tord cx	2 LD MU

7694

1. PLACE OF DEATH	
county VVashington	Registration Dist. No. 302
Village or City Ha q ex State of City	No. 812. U. Yainia A. Ave St. 2 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Salsbury Pratt	If U. S. Veteran, specify WAR
(a) Residence: No. 812 U: YG. 7: a FVE	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
uale while married word	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Catherine.	22. I HEREBY ERTIFY. That i attended deceased from
1 1966	I last saw h a alive on 3 19 6 death is said
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at C. P m.
Ma 1 a c 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trede, profession, or particular	were as follows:  Date of onset
SAWYER, BOOKKEEPER, etc. Yuck Farmer	with med at and to line
kind of work done, as SPINNER, Yuck Farmey SAWYER, BOOKKEEPER, etc.  SINDUSTRIES IN which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked at this occupation (month and	and surp
10. Date deceased lest worked at 11. Totel time (years)	
this occupation (month and 33 spent in this occupation)	
12. BIRTHPLACE (city or town) Clay tom	Other Contributory Causes of Importance:
(Stete or country) Delowaye.	
13. NAME NO Record	
13. NAME 14. BIRTHPLACE (city or town)	Name of operation Dale of
(State or country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME US Record	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury19
(State or country) 4 4	Where did injury occur?
17. INFORMANTULYS Catherine Pratt	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
Place Hagers town led Date Chely 7. 1936	Nature of injury
19. UNDERTAKER A. K. COVI was	24. Wes disease or injury in any way related to occupation of deceased?
(Address) Haget to way. The	If so, specify
20 FILED 7 - 6 - 1936 Chast 13 occurs	(Signed) A. Porlerfield M. D.
Registrar.	(Address) 13 6 W W ashington

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Liu - CEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AUG 6 1930	July 5,1927	Peritonitis	3 days ago
RIDEALL V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	1440
County Washinglow	Registration Dist. No. 302
Village or City Hage low - Chast	1 No. () . St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,me	How long In U.S. il of foreign birth?yrsmosds.
2. FULL NAME Mildred Idell Ry	u de I, U.S. Veteran specify WAR
(a) Residence: No. makluille md.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  JULY 30  (Month) (Day) (Year)
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of acol & Reedu	22. I HEREBY CERTIFY, That I ettended decesed from July 36 1936, to July 30 1936
6. DATE OF BIRTH (month, day, and year) May, 17- 1902	Cast saw her alive on July (30 1, 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, atm.
34 2 /3   1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trade, profession, or perticular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	P
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	respect haemorhage
U 10. Date deceased last worked at	4
o this occupation (month and year)	
12 BIRTHIN ACT (STRANDARY)	Other Coutributory Causes of Importence;
(State or country)	Placesta, security
I 13. NAME Frank S. Bible	June was grave co-
13. NAME Frank & Bible  14. BIRTHPLACE (city or town) Wagnerbox	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Soldy Manager 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) trid. Cu. md.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CALL EN TRECHE	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OB, REMOVAL	Manner of injury
Model Hell Cular Date ling . 2. 1936	Nature of injury
19. UNDERTAKER CUM-Q-Bay Soy	24. Was disease or injury in any way related to occupation of deceesed?
(Audiess)	If so, specify
20. FILED LULY 31, 1936 CHANT Somery	(Signed) M. D. (Address) Bookbow,
Registrar.	(voness)

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	= 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1026	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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M)	of CC
	E DOLO
	ite sl of
	R. Co.D. Every item of infor- . PHYSICIANS should state Exact statement of OCCUPA-
	Y. E
DING	ANENT R. CTLY.

properly back may so that plain carefully important. in DEATH be pluods OF -WRITE CAUSE LION

1. PLACE OF DEATH Washington Village or City Hagerstown 2. FULL NAME Gladys Viola Renner (a) Residence: No. 58 Madison Avenue (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Female White Married 5a. If merried, widowad, or divorced HUSBAND of Howard Joseph Renner (or) WIFE of July 11. 1878 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Days If LESS than 1 day....hrs. 58 0 or\_\_\_\_min. 8. Trade, profession, or particular kind of work done, as SPINNER, Home Work SAWYER, BODKKEEPER, atc. OCCUPATION 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.... 10. Date dacaased last worked at 11. Total time (years) this occupation (month end occupation \_\_\_ Columbus 12. BIRTHPLACE (city or town). (Stata or country) John McFerin FATHER 13. NAME Unknown 14. BIRTHPLACE (city or town)-(State or country) MOTHER Evans 15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town) ... (State or country) Howard Hagerstown. 18. BURIAL, CREMATION, OR REMOVAL Place Hagerstown, Md. Date July 14 19 36 Fred W. Kraiss. 19. UNDERTAKER gerstown Md

No. Washington County Hospital Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) If U. S. Veteran, specify WAR.... If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH July 12, That I attended deceased from Othar Contributory Causes of importance: Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? ... Whare did injury occur?\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. Nature of Injury 24. Wes disease or injury in any way related to occupation of deceesed? If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting T. S. No. 1.

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Example 1		Example II				
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset			
Arteriosclerosis V F D	1915	Attack of epilepsy	1 week ago			
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago			
Cerebral hemorrhage AUS 6 1036	July 5, 1927	Peritonitis	3 days ago			
BUREAU V. S.						
Other contributory causes of importance:		Other contributory causes of importance:				
Gallstones	May 1,1923	Gastroenteritis	1 year			

ADDITIONAL SPACE FOR FURTHER ST	TATEMENTS BY	PHYSICIAN
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V. S. No. 1

# STATE OF MARYLAND—CERTIFICATE OF DEATH

7697

1.	PLACE O	F DEA	TH			93-0	27
	County	. Wa	shingt	on Co.	<b>A</b>	Registration Dist. No.	22
UIII		24.5	CAN THE PARTY AND ADDRESS.	rstown M	d.	No. 19 Wilson Blvd. St. 2	Z Ward
				death occurred_2	, (If	death occurred in a horpital or institution, give its NAME instead of street and ads. How long In U.S. if of foreign birth?yrsme	
2.	FULL NA	ME	Grace	Ridenou:	r	If U. S. Veteran, specify WAR	
	(a) Residen	ce: No	19 Wils	son Bl vd (Usualplace	a of abode)	St., Z Ward. If nonresident give city or town and	State
	PERSON	IAL AN	ND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX			OR OR RACE	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  July 15  (Month) (Day)	, 193 <u>6</u> (Yaar)
5a. If	emale married, widow				Teu		
	(or) WIFE of		n W. Ri	Ldenour	•	22. HEREBY CERTIFY That I attanded	daceased from
6. DA	TE OF BIRTH	(month, da	ay, and yaar)	March 1	0.1893	I last sawh An aliva on Gully . [13 6	; death is sald
7. AGI	E Yea	43	Months	Days .	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
	8. Trade, profe		narticular	6	1 01111111.	wala az lollowz.	Date of onset
OCCUPATION	kind of v	work done	, as SPINNER, EPER, atc	House	Work		
AT	9. Industry or	business i	in which			Provice Myocardites well	14
5	SAW MII	s dona, as LL, BANK,	SILK MILL, , atc			Quete deltaling with	15 M
0 1		ed last we pation (m	onth and	spe	ime (years) nt In this upation	Dulinouany educa	15 M
12. BI	IRTHPLACE (ci (State or cou		Fron	L.Royal,	Va	Other Contributory Causes of Importance: Ortera - Sclerons Typertenting - Releasing Ledenna.	245
교 교 1	3. NAME	Char	oles F.	Jackson			J - 1
FATHER	A RIRTHPI ACI			t Royal	Va	Name of operation Data of	
臣.	(State or	country)	(0411)3c 4-404	Va.	y	What test confirmed diagnosis? Was there an a	
エー	5. MAIDEN NA		arahisI		THE REAL PROPERTY.	23. If daath was dua to external causes (VIOLENCE) fill In also the following	
I WO		(city or country)		Royal,	Va.	Accident, suicide, or homicide? Date of Injury  Where did Injury occur?(Specify city or town, county and State	
17. IN	FORMANT			Ridenour		Specify whathar injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	ACE.
18. BI	URIAL, CREMA	TION, OR	REMOVAL			Manner of injury	
	Placa Ha	gers	stown. 1	Id Date Jul;	y 18 186.	- Natura of Injury	
19. U	NDERTAKER (Addrass)		Fred V	Krais:	3	24. Wes disaase or injury in any way related to occupation of decaased?	
20. FI	1LED 7 - /	7-	,136	Marto	registrar.	(Signed) (Addrass) Hagenstoney M	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis ALO 6 1020	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage RIDEAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If so, specify

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Registrar.

(Address)

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN	
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See instructions on back of certificate.

TION is very important.

be

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	940
County Hashmotor	Registration Dist. No. 302
Village or City of Confinition	No. Wash a Woshiful St. 3 Ward
10 (16	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred 3. 8 yrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Glorge & Perharer	If U. S. Veteran, specify WAR
(a) Residence: No. 1321 Dak Will Q (Usual place of abode)	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male white Harried	(Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, Thet I attended deceased from
(or) WIFE of Scene Repres	
6. DATE OF BIRTH (month, dey, and year) Nov 27-187/	I last sew h elive on
7. AGE Yeers Months Days If LESS than	to heve occurred on the dete stated above, at 2.45-Pm.
64 7 1.7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance
8. Trede, profession, or particular pholosophic	Coronary occlusione Date of onset
kind of work done, as SPINNER, Huchand	
9. Industry or business In which work was done, as SILK MILL, A Mysus Co.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decesed last worked et his occupation (month and	
this occupetion (month and spent in this occupetion occupetion	
Planetand	Other Contributary Causes of Importance:
12. BIRTHPLACE (city or town) And Control (State or country)	•
Man Divilla	
14. BIRTHPLACE (city or town) Please Sahruantle (Stete or country)	Name of operation
15. MAIDEN NAME Elizabeth Smuder	What test confirmed diagnosis? Wes there an eutopsy?
	23. If death wes due to externel causes (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town) Locust Juve .  (State or country)	Accident, suicide, or homicide?
One D. William	Where did injury occur?  (Specify city or town, county and State)
17. INFORMANT Miles Later Control Manual Man	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Sharfahuy Mate July 6, 1936	- Nature of Injury
19. UNDERTAKER Leg # 7. Minnich of Son	24. Wes disease or injury In any way related to occupation of deceesed?
(Address) Roguetowa Mo	If so, specify
20. FILED 1 - 16-, 1936 DWAY 1000000	(Signed) Or Carrenslown, (Nod)
Registrar.	(Address) (Address), (New,

CEDTIFICATE OF DEATH

CTATE OF MADVI AND

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis ALIC 6 1030	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BURFAU V S	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	1
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

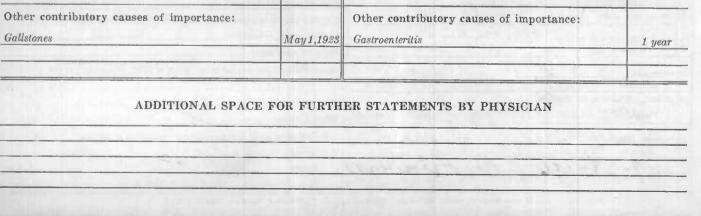
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Example J		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis 1936	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis AUG 0 1330	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of investment			
		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		



4 4		tiles	STATE	OF MAI	RYLAND-	-CERTIF	ICATE (	OF DEA	TH .	~!~/> /
infor- state	1. 1	PLACE OF								1101
, ×	3 /	County Wa	shingto	M			910)	Registration C	Dist. No. 3 0	16
should	5 /	Village or City_	1 1.6	extersler	**	No.		- Negration L	nst. No.	Wand
- =	5	village of City_	Jet sand La Way	emmu			a hospital or institut	ion, give its NAME	instead of street and n	Ward
NS		Length of residence	e in city or town whe	re daath occurred	yrs,mo	sds. Ho	ow long in U.S. if of	foreign hirth?	yrsmc	osds.
Every	2. 1	FULL NAME	Grace	Low	se Shay	ler	· · · · · ·			
CORD. Every PHYSICIANS		(a) Residence:	No. Smith			St.,	. Ward.			
NO H		DEDCONAL	AND OR INC		ice of abode)	-			rive city or town and	State
P. P.	3. SEX		AND STATIS					ERTIFICATE	OF DEATH	
H H	3.35	, .	COLOR OR RACE	OR DIVOR	ARRIED, WIDOWED, CED (write tha word)	21. DATE	DE DEATH	July	17	1036
S N I	Jen	narried, widowed, o	White	Ne	ngle	_		(Month)	(Day)	(Year)
BINDING ERMANEN EXACT	Н	USBAND of or) WIFE of	divolced			22. 1	HEREBY	CERTIFY	That I attended	daceased from
ND						fely.	1	1934, to 9	may 17	1936
BID		E OF BIRTH (mon	th, day, and year)	Dec 21	1929	V I last son he	alivo on	July 77	7 8.1936	r; death is said
ed P	7. AGE	Years	Months	Days	If LESS than	to hava occurrad	d on the data water	above, at 930	Pm.	
FOR IS A stated	6. DAT	6	6	26	l day,hrs.	The PRINCIPAL were as follows		II and related causes	s of importanca	Detrodense
- 10 .	N 8	. Trada, profassion,	or particular done, as SPINNER.	40		Cecul	e Eug	focaco	Pas .	Date of onset
ED HIS	0 J OI	SAWYER, BOO	KKEEPER, etc.	at hou				7	1	17/30
ERV KK—T	back	. Industry or busin	a, as SILK MILL, ANK, etc			Ceul	c per	icard	it,	July 1.
RESERVED G INK—THIS GE should be		. Data deceased la:	st worked at	II. Tota	I time (years)				Y	1-19
RES ING IN AGE		this occupation yaar)		3	pent in this ecupation		1	animection	a disease.	
ZA		THPLACE (city or	town)		- =	Other Cantribut	lory Causes of Impor	rtance:	Censell,	
	ruc	(State or country)	Chan	bersber	19-7a					
MARGI UNFAI supplied.	inst HER	. NAME 8	Russell	Sha	fer					
MA U	See i	BIRTHPLACE (city	or town)	2	.1 -	Name of operati	ion		Date of	/
HA	N F	(State or coun		Green	Castle 19	What tast confir	med diagnosis?		Was thera an a	utopsy? L.J.
WITH	MOTHER FATHER 12	MAIDEN NAME	marthe	2 Em	astin	23. If death was	dua to axternal caus	ses (VIOL ENCE) fill	in atso the following	
		BIRTHPLACE (city	ar town)			Accidant, sulcid	e, or homicida?	/ D	ata of injury	, 19
be be	od X	(State or cour	ntry)	Tem	a,	Where did injur	y occur?			
	.E 17. INF	ORMANT 8	Kussel	l Sha	fu	Specify whether	injury occurred in	INDUSTRY, In HOM	own, county and State NE, or in PUBLIC PLA	ICE.
E PLA		(Address)	Green	Quette 6	74					
स रें	. 40 000	RIAL, CREMATION,	1.00 0	1 7	1/20	Manner of injur	уС			
WRITE	Z	Placa Miles	Color	Date	/-20,193.6	Nature of injury				
7 1 2 0	NOIL 19. UN	DERTAKER M	aller 6	1 /200	E	24. Was disease	er injury in any wa	y related to occupat	ion of deceasad?4	
B. K.		(Addrass)	Jay We	stone	ta	If so, specify	6	01		
Si . (	20. FIL	ED July 18	1936	Seo.W.	terquoon	(Signad)	7.6	17	other	M. D
	1	/ 0	2 /*		Registrar.		dress)	mil	ester	7
	U		If mo	ore vianas are needed	l, address State Registrar	, 2411 N. Charles St	reet, Balamore, Req	questing U. S. No. 1		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a elerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

pluods

mation

CAUSE

LION

WRITE

18. BURIAL CREMATION, OR REMOVAL

19. UNDERTAKEN (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Regressing V. S. No. 1.

26.0

Registrar.

If so, spacify

(Address)

in public place.

24. Was disease or injury In any way raleted to occupation of daceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AUG 6 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

water

of OCCUPA-

Every item of infor-

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE	OF DEA	TH			(23)	
County	Washi	ngton			Registration Dist. No.	803
					I death occurred in a hospital or institution, give its NAME instead of street and	aumber)
Length of	rasidence In c	ity or town where	death occurred	68.yrsmos	sds. How long in U.S. if of foreign birth?yrsf	mosds
2. FULL N	IAME	Ella De	llinger S	inyder	If U. S. Veteran, specify WAR	
(a) Resid	dence: No	Clearsp	ring Md	of abode)	St., Ward.  If nonresident give city or town an	d State
PERSO	ONAL AN	D STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
s. SEX Female	Whit	OR OR RACE		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH  July 19, (Day)	., 193.6 (Year)
5a. If married, wid HUSBAND o (or) WIFE of	of	orced			22. July 1 HEBEBY CERTIFY. That I attended	
6. DATE OF BIRT	TH (month, da	y, end yaar)	ecember 2	6. 1868	I last saw hell alive on the 2 7 2 19 3	; deeth is seld
	Years	Months	Days	If LESS than	to have occurred on the date stated above, 4.5 \$ 30A m.	
	67	6	23	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were es follows:	Patentonset
Nork SAW 10. Date dec this o	eased lest wo	SILK MILL, etcrked et enth and	sp.	time (yaers) ant in this upation	Othar Contributory Causes of importance:	1931,
(State or	country)	Md	_			
13. NAME	Willi	am B. Sn	•			
13. NAME 14. BIRTHPLA (State			ington-Co	unty	Nama of operation Date of Whet test confirmed diegnosis? Occurred Was there and	/
15. MAIDEN	NAME A	nn E. G	rosh		23. If death wes due to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME Ann E. Grosh  16. BIRTHPLACE (city or town) Washington County				ounty	Accident, sulcide, or homicide? Date of injury  Where did injury occur?	
17. INFORMANT Cornelius K. Snyder (Address) Clearapting, Md.					(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Olear spring, Md. Data July 21					Manner of injury	
19. UNDERTAKER (Address)		er-Rowla	nd Funera	1 Home	24. Wes disaase or injury In eny way related to occupation of decaasad?	
20 511 50	1 0	10.26	Tes, mar	71111 01	(Signed) It wastran & Jan	M. D

If more blanks are needed, address State Registrur, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis SECEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage AUS	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARTEAND	CLINIII ICAIL OF DEATH 77/14
1. PLACE OF DEATH	
County Mashirelon	Registration Dist. No. 30 Z
Village or City House Slown-	No. Washington ounty Hospoilalst. 3 Ward
	death occurred in a hospital or institution, give it NAME instead of street and number)
Length of residence in city or town where death occurredmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME DOUBLE DOU DOUTZET	
(a) Residence: No. Hotel er Stown Und RAD #	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Nonth) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of	(Nonth) (Vay) (Teal)
(or) WIFE of	22.     HEREBY CERTIFY That I attended deceased from
120 22 (12)	, 19N , to , 19 56 , 19 56
6. DATE OF BIRTH (month, day, and year)	I last law h
7. AGE Years Months Oays If LESS then 1 day. O-hrs.	to have occurred on the date stated above, atm.
or_30_min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular	Date of offiser
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	12.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Jerraline 4 Suth
SAW MILL, BANK, etc.	
Sport in this	(6 mgs, gestation)
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Hoge Some, Manyland	
(State or country)	
13. NAME Lee Franchin Spetzer  14. BIRTHPLACE (city or town) Degration (Manylunce)	
14. BIRTHPLACE (city or town) bagerstrum (Manylure	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
I 15. MAIDEN NAME KISIE HOREN	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIOEN NAME KISIE HOAR COUNTY  16. BIRTHPLACE (city or town) Translum County  (State or employe)	Accident, suicide, or homicide? Date of injury 19
O 16. BIRTHPLACE (city or town)	Where did injury occur?
t at hart.	(Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18 RUPLAL CREMATION OF REMOVAL	
Place Ager Nown At 3 Date 7-28-1936	Manner of injury
D M 111' 8/ 1- \	Nature of injury
19. UNDERTAKER QUE TRUE THE THINGS	24. Was disease or injury in any way related to occupation of deceased?
(Addiess) Tagestimus Rf 5	If so, specify
20. FILEO /-28- 1836 lo half Bowers	(Signed) MyD.
Registrar.	(Address) STO GALLOW, 170
70 11 1 11 11 0 -	

STATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis G	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	mines a Gr	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	STATE OF MARYLAND—	CERTIFICATE OF DEATH	71~11 ~	
	1. PLACE OF DEATH	93-7	110.	
	county Washington	Registration Dist. No. 303		
	Village or disease Huci etts.	No.VVestern Pile st.	Ward	
		death occurred in a hospital or institution, give its NAME instead of street and nu		
	m. m. chall C	ds. How long in U.S. if of foralgn birth?yrsmos.	ds	
	lat b Dei	LY If U. S. Veteran, specify WAR		
	(a) Residence: No. Y V < 3 12 Y (Usual place of abode)	St., Ward.  If nonresident give city or town and S	late	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	1	
	Fenal white OR DIVORCED (write the word)	(Month) (Day)	(Year)	
	5a. If married, widowed, or divorced HUSBAND ot			
d	(or) WIFE of way ton.	I HEREBY CERTIFY, That I attended da	19.36	
	6. DATE OF BIRTH (month, day, and year) 22-183-6	Wast saw here allva on way! - 3 1936;	death is sal	
	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.		
	77   25   I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as tollows:	Data ot onset	
	8. Trade, profession, or particular kind of work done as SPINNER	0-7-31	Data ot onset	
	kind of work done, as SPINNER, Housewife SAWYER, BDOKKEEPER, etc  9. Industry or business in which	Senela Myestalls; chronic.		
200	work was done, as SILK MILL, SAW MILL, BANK, etc	Divistion; not known; swing to		
	11. Total time (years)	Alsers of Dra. G. no. Esperta/o		
CHE	this occupation (month end spant in the occupation occupation)	Other Contributory Causes of Importance:		
	12. BIRTHPLACE (city or town) Sylvan Grove	0 ' 4	0 /	
3 1	(State or country)	Soulety - weekfl-	Sedef	
4111	13. NAME Devel Stan - 14. BIRTHPLACE (city or town 5. YR euc a tla			
	14. BIRTHPLACE (city or town) 5. YR euc a-tla. (State or country)	Name of operation Data of		
		What tast confirmed diagnosis? Was there an aul	lopsy?	
	±	23. If death was due to external causes (VIOLENCE) fill in also the following:	10	
2	O 16. BIRTHPLACE (city or town) Y Company (Stata or country)	Accident, suicida, or homicide? Data of Injury Whare dld Injury occur?	, 19	
	17. INFORMANT M:35 Mona E. Sureher-	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLAC	)F	
643	(Addrass) Hagerston U.			
2	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury		
	Place School Date Date 18, 1936	Nature ot injury		
	19. UNDERTAKER FI. M. COXX may	24. Was disease or injury in any way related to occupation of deceased?		
-	(Address) Hagerstoum led	If so, specify		
1	20. FILED	(Signad)	.ZM. I	
-	If more blanks are needed, address beate Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	· 1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis AMG 7 1936	1921	Run over by street car	1 week ogo	
Cerebrol hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:  Gollstones	Moy 1,1923	Other contributory causes of importance:	1 year	
			2 gour	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

of OCCUPA-

	5	STATE C	F MAR	YLAND-	CERTIFICATE OF DEATH	1717110
:	L PLACE OF DEA	АТН			82-0	1700
	CountyW	ashingto	n		Registration Dist. No.	302
	Village or City ₩)7		man a read the single s		No.438 N. Prospect St.	5 Ward
	Length of residence in	city or town whera d	leath occurrad.5.0	(If )yrsmos	death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?yrs	d number) _mosds.
	2. FULL NAME	Anna Man	rgaret S	Stine	If U. S. Veteran, specify WAR	
			-			
	(a) Residence: No.		(Usual place	of abode)	If nonresident give city or town a	nd State
	PERSONAL A	ND STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.		or or RACE	5. SINGLE, MAR OR DIVORCE Widow	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  July 29,  (Month) (Day)	, 193 6
5a	. If married, widowed, or div HUSBAND of					(1001)
	(or) WIFE of	harles V	W. Stine	2	22. I HEREBY CERTIFY, That I attends	/
6	DATE OF BIRTH (month, d	av and year Aug	rust 25.	1870	Vastsaw h. Lfv. eliva on	
	AGE Yeers	Months	Days	If LESS than	to have occurred on the date stated above, 1:40A m.	
	65	11	4	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and feleted ceuses of Importance were as follows:	
7	8. Treda, profession, or	particular		1 01	were as follows.	Date ol onset
0	kind of work done SAWYER, BOOKKE	e, es SPINNER, EPER, etc	Home V	Vork		Quelan
UPATION	9. Industry or business work was done, es SAW MILL, BANK	in which			Cerebral apoplexy	1/28/
1 2 2	SAW MILL, BANK 10. Date deceased last w		1 11 7-4-14			1936
00	this occupation (m	onth and	spa	ime (yaars) nt in this upation		
-					Othar Contributory Causes of Importance:	
12	BIRTHPLACE (city or town (State or country)		nambers!	ourg		
ER	1	y Lohr	2.0		Hypertension	
HE			7		()	
FATH	14. BIRTHPLACE (city or (State or country)		kkin Col Pa	mty	Name of operation Dete of	M
2	15. MAIDEN NAME			3	What test confirmed diegnosis? Was there a	
MOTHER		Christan	klin Cou		23. If daath wes due to axternel causes (VIOL ENCE) fill in also the follow	9
MOM	16. BIRTHPLACE (city or (State or country)	(UWII)		all oy	Accidant, suicide, or homicide? Dete of injury	, 19
-					Where did injury occur?(Specify city or lown, county and S	itate)
17	INFORMANT Niss (Address) Hage	Nora A.	Stine Md.	*	Spacify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC	PLACE,
18	BURIAL, CREMATION, OR	REMOVAL			Mannar of Injury	
	PlaceMiddle	ourg, Md	· DateJuly	31, 136	Netura of injury	
10	UNDERTAKER Fred	W. Kno	iaa.		24. Wes disease or injury in any way related to occupation of daceased?	No
19		rstown		1	If so, spacify	
	7-30-	3/6	coditi	Jones.	(Signed) Maldall	M. D.
20	. FILED	, 19-2-9	1-1-1-1	Registrar.	(Address) Tragerstown,	nd

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Repuesting U. S. No. 1.

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-Example # IVED	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis HIPFALL V S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 7707
1. PLACE OF DEATH	(3)
County Machingdon	Registration Dist, No. 306
Village or City / Veal Suntibury	— No. St Ward
Length of residence In city or town where death occurred yrs mos	death occurred in a hospital or institution, give its NAME instead of street and number)
M1 0 1.15	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Me Emma K. Stree	ascelle (Stockslager)
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	wy 27 193 6
This was	(Month) (Dey) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Daniel T. Stocks lager	22. 9 I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw he elive on buck 26 1936 death is said
7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, at 10:45 Pm
7> 10- 23, 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows:  Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	7.48.2
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	14 Ch. S. Candill
SAW MILL, BANK, etc	X:/h:01
10. Dete deceased last worked et this occupation (month end spent in this	
year) occupation	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) Leang Segurite Gray	When conditions of importance. home
(State or country) Wash to such	
13. NAME Jasefile Sharf	
13. NAME Carefel Shange  14. BIRTHPLACE (city or town) frey Secretic bey	Neme of operation Date of Date of
(State or country) Work. bo sud	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Margaret Suravely.	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Hear Dowlandle	Accident, suicide, or homicide? Dete of Injury
(State or country) Wash Lee Mich	Where did injury occur?
17. INFORMANT John Asturbelaber	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Smitholy mil	
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury 2000
meterbury ceres Dajetry 7, 1936	Nature of injury
19. UNDERTAKER of floores (Address) Sumbly and	24. Was disease or injury In eny way related to occupation of deceased?
20. FILED wily 28, 193 b Ila W. Ferguson	(Signed) Vita Duillo M. D.  (Address) DR, VICTOR D. MILLER
	2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYL	AND—CERTIFICATE OF DEATH 7708
1. PLACE OF DEATH	947
County Washington	Registration Dist. No. 306
Village or City Casalade	
Length of residence In city or town where death occurredy	(If death occurred in a hospital or institution, give its NAME instead of street and number)  yrsmosds. How long in U.S. if of foreign birth?yrsmosds
01	immes
(a) Residence: No. Cascade und	
(Usual place of abo	
PERSONAL AND STATISTICAL PARTICUL	
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, OR DIVORCED (20) Married, widowed, or divorced  Married	
HUSBAND OF B R Summer	HEREBYCERTIFY. That I attended depended from 25 1936, to July 254, 1936
6. DATE OF BIRTH (month, day, and year) May 25	1865   Jest saw h 2 alive on July 28 ,1936; death is said
	If LESS than day,
// 2 O or.	day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  Data of onest
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	t A
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc  10. Date decessed last worked at his occupation (mostly and	aronary occurrendue 1/25/
work wes done, as SILK MILL, SAW MILL, BANK, etc	- Andollo
10. Date deceased last worked at this occupation (month and year)	this
12. BIRTHPLACE (city or town) Juney Pa  (State or country)	Other Contributory Causes of importance:
John & sury	
(State or country)	Neme of operation
· · · · · · · · · · · · · · · · · · ·	What test confirmed diagnosis? Was there an eutopsy? (NE
Transfer the	23. If deeth was due to external couses (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
16. BIRTHPLACE (city or town)  (Stete or country)  (Stete or country)	Where did injury occur?
7. INFORMANT ANS blaseure croft	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place Trees Hell Cornely Date 7/28	Manner of injury
9. UNDERTAKER Walter y Grove (Address) Way Lesbory Po	24. Was disease or injury many way related to occupation of deceased? 220
10. FILED July 27 134 Sevel Ferge	(Signed) Fire to Pairs

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
  9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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D. Every item of infor-

V. S. No. 1

STATE	OF	MADVI	AND-	CERTIF	FICATE	OF	DEATE
SIAIL	UF	MARIL	"AND"	CERIII	ICAIL	OF	DEALL

7	500	0	15
- 4	1	1.7	4
		V	2.7

1. PLACE OF DEATH			92-20	
County Washingt	on		Registration Dist. No. 3	02
Village or City "Hage Ist.			No. 17 N. Potomac Street St.	Ward
		(If	death occurred in a hospital or institution, give its NAME instead of street and r	number)
2. FULL NAME Chests	Ph Ph Philip	Swain	If U. S. Veteran, specify WAR	
(a) Residence: No. 17 N.	Potomac	Street	St., / Ward.  If nonresident give city or town and	State
PERSONAL AND STATIS	(Usual place		MEDICAL CERTIFICATE OF DEATH	Drace
3. SEX 4. COLOR OR RACE White	5. SINGLE, MAR	RfED, WfDOWED, D (write the word)	21. DATE OF DEATH  July 16	, 193_6
5a. If married, widowed, or divorced	Moli	Leu	(Month) (Day)	(Year)
HUSBAND of Geneva	Swain		22. 1 HEREBY CERTIFY That I ettended	deceased from
6. DATE OF BIRTH (month, day, and yeer)	February	11, 1900	I last saw h san_ eliva on	; daath is said
7. AGE Years Months	Days	If LESS than	to heve occurred on the date stated above, et 12 N.m.	
36 5	5	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causas of Importance were as follows:	Date of onset
8. frade profession, or particular			DA S	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Factory Worker			In for los Ist	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			Chim.C	172
O 10. Data deceesed last worked et	11. Totel t	ime (years)	Millal Strings	
this occupetion (month and year)	spa occ	nt in this upation		-
12. BIRTHPLACE (city or town) Shar	nshurø		Other Contributory Causes of importence:	July
(State or country)	Md.		Jumany Edita	1936
13. NAME James E. Swa	ain			
14. BIRTHPLACE (city or town) Was.	hington	County	Name of operation Dete of	2
(Stete or country)	Md .		What test confirmed diagnosis? Was there and	M
15. MAIDEN NAME Lottie	Davis		23. If death was due to axternel causes (VIOL ENCE) fill in elso fhe following	<b>;</b> :
16. BIRTHPLACE (city or town)Was:	hington	County	Accident, suicide, or homicide? Date of injury	, 19
(Stata or country)	Md.		Where did injury occur?	
17. INFORMANT Mrs. Lotti	e Swain	^	(Specify city or town, county and Star Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PL	ACE.
(Address) Hag and	272 3	is		
18. BURIAL, CREMATION, OR REMOVAL	d Tuller	18 36	Manner of injury	
Place 7 LL Callotto	d_DateJuly	, 1900	Nature of Injury	
19. UNDERTAKER Fred W. K	raiss,		24. Wes disease or injury in eny way related to occupation of deceased?	
(Address) Hagerstow	no Md.	1-1	If so, specify	}
20. FILED /-/8- 1936-6	OHANT	12 oures	(Signed)	M. D
	re blanks are needed,	Registrar.	(Address) fragen Town	/!

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	pate of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis AUG 6 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

ii	S	of	
N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RESORD. Every ite	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS SI	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of	
REPOS DE	K. PH	Exact	
ANENT	CTLI	sified.	
ERM	EXA	y clas	te.
IS A F	stated	properl	TION is very important. See instructions on back of certificate.
HIS	pe s	be I	of c
K-TI	plnoy	may	back
Z	S E	at it	s on
DING	AG	se th	ction
NFAI	plied.	rms,	nstru
T	dns	in te	See i
WITH	fully	n pla	nt.
CY,	care	TH i	porta
AF	l be	DEA	imi
PL	houle	OF I	very
ITE	s uo	SE	Z is
-WR	mati	CAU	TIOI
B.	1	T	1
z	1	-	

	S	TATE O	F MAR	YLAND-	CERTIFICATE OF DEATH 7710
:	L PLACE OF DEAT				93-7
	Watshingto	n			Registration Dist. No. 382
	Village or City Ha	THE PROPERTY AND A TAXABLE PROPERTY A TAXABLE PROPERTY AND A TAXABLE	I TIME OF		No. 342 Blooms Court. St C Ward
	Length of residence in cit		A		death occurred in a hospital or institution, give its NAME instead of street and number)
١.		Rosie H.			ds. How long In U.S. if of foreign blrth?yrsmosds.
	(a) Residence: No.				If U. S. Veteran, specify WAR
	(a) Residence: No	O-ES DIOC	(Usual place		St., Ward.  If nonresident give city or town and State
galating.	PERSONAL AN	D STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3.		r or race lored	S. SINGLE, MAR OR DAYORCE	RIED, WIDOWED,	21. DATE OF DEATH 1936  July 27 19
5a.	If merriad, widowad, or divo HUSBAND of (or) WIFE of	rcad			(Month) (Day) (Year)  22.
-	(01) 11112 01				July 21, 1919, to July 27, 19 86
-	DATE OF BIRTH (month, day	, and yaar) De	c 27,	1892.	lost saw h alive on 1976; death is said
7.	AGE Years	Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 8 P. M.
_	44			ormin.	Tha PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were as follows:
9. Industry or It work was SAW MIL	rade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Servant.				Cheral remornage again
	9. Industry or businass in work was dona, as S SAW MILL, BANK, e	nass in which			V JAVICARA U OE
000	10. Date decaased last wor this occupation (more year)	kad at oth and	sper	me (yaars) nt In this pation	
12.	BIRTHPLACE (city or town). (Stete or country)		erstown	n.	Other Contributory Canses of Importance:
œ			nson.		Charles premiusing July 10
FATHER	14. BIRTHPLACE (city or to	wn) hashi	ille Je	uu.	Name of operation
2	15. MAIDEN NAME	Laure	Jones.		What test confirmad diagnosis? Was there an autopsy?
MOTHER	16. BIRTHPLACE (city or to	011.0	extorm,	n.Ve.	23. If death was due to axternal causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17.	INFORMANT La	ura Buch			Where did injury occur?  (Specify city or town, county and State)  Specify whethar Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
10		agerstow	n.		
18.	BURIAL, CREMATION, OR R	MOUN	My 7	139,1986	Mennar of Injury
19.	UNDERTAKER	Fred W.		3.	24. Was disease or injury In any way related to occurpation of deceased?
20.	FILED 7- 30- ,1	36 Ch	astt	Bours Registrar.	(Signed) Culip & Clarence M. D.  (Addrass) (3 W. Clarence M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: CEIVEL	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis ALIC 6 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—V

# STATE OF MARYLAND-CERTIFICATE OF DEATH

STATE OF MARTENIE	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(K7)
County Thashington	Registration Dist. No. 8 //
Village or City Burtuers Station	No. St. Ward
(lf	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred mos	O_ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Fred Dyler	If U. S. Veteran, specify WAR
(a) Residence: No. Orlington Va.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male Colored Single.	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	W. LUEBERY CERTIES THE
(or) WIFE of Surgle	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)  7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, atm,
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
unchown or min.	were as follows:
8. hade, profession, or particular tind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	
9 Industry or husiness in which	
work was done, as Silk MILL, Saw MILL, BANK, etc.	
0 10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) The Record	& Body Lound near BYORA
(State or country)	track with Revolver in Right
13. NAME	hand and bullet wound in Reglet Fimple
13. NAME  14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill In elso the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? See Code Date of injury 19
(State or country)	Where did injury occur?
17 INFORMANT Harold Collier	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Washington D. C.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Bullet wound in Right Temple
Place Pringlew Ta. Date July 25. 1936	Nature of injury
19 UNDERTAKER WHY 2 ROAT & Son /	24. Was disease or injury in any way related to occupation of deceased?
(Address) Boomstow of Mich	If so, specify
sule ret 31 & Did to	(Signed) Robert S. Clingan Coroner M.O.
20. FILED MALY 17, 19960: A LYST LA Registrar	(Address) Bronsborn med

M'more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioseterosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrin	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—V TION is very important. See instructions on back of certificate.

STATE OF	MARYLAND—CERTIFICATE	OF	DEAT
1 PLACE OF DEATH	(20)		

pay	$b.m_{\rm sp}$	-0	0	
6	1	1	3	

1. PLACE OF DEATH		98:00
County Washing	rton Co.	Registration Dist. No. 50 2
Village or City Hagers	town, Md.	No. 206 East ave St., 4 Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)  mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Mollie	T Word	If U. S. Veteran, specify WAR
		St., 4 Ward.
(a) Residence: No. 206 Eas	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Female White	5. SINGLE, MARRIED, WIDOW OR DIVORCED (write the w	d) July 9 193 6
5a. If married, widowed, or divorced	widowed	(Month) (Oay) (Year)
(or) WIFE of Minter Wa	ard	22. J HEREBY CERTIFY, Thet I attended decessed from July 711, 1956, to 2 22, 9, 1956
6. DATE OF BIRTH (month, day, and yeer)	1859	last saw h. C. alive on D. 116 8 ,1936; deeth is seid
7. AGE Years Months	Days If LESS I day,	hrs. The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importence
kind of work done es SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc  10. Date deceesed last worked et this occupation (month and yeer)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town)	Home Work  11. Total time (years) spent in this occupation  Va.	Other Contributory Cause of Importance:  Other Contributory Cause of Importance:  OCCOUNTS Disposanism of carteries  OCC Cope i sulonasian of carteries
14. BIRTHPLACE (city or town)	Va.•	Name of operation
15. MAIDEN NAME Unknown  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT Charles (Address) Hagerstown	Ward ,	What test confirmed diegnosis?
18. BURIAL, CREMATION, OR REMOVAL PIECE. Hagerstown, Mc	No. 10 No. 10 Person Inc. 13	3.6. Neture of injury
19. UNOERTAKER Fred W. I (Address) Hagerstown 20. FILEO 7-10-, 1936	Kraiss g Jod. Kasff Voce	24. Was disease or injury In any way related to occupetion of deceased?  If so, specify  (Signed)  (Address)  (Address)  M. 0.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BX	PHYSICIAN

V. S. No. 1

PLACE OF DEATH			
	_	(131)	11.
County / Fash	luglon	Registration Dist. No.	4
Village or City	coci 6	No. St., death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of residence in city or town where			
FULL NAME CHICE	6 Midu	regor.	
(a) Residence: No. Lau	coci6 mis	St., Ward.	Santa Contraction
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	Diale
4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)	21. DATE OF DEATH	, 193 6
If married, widowed, or divorced HUSBANO of (or) WIFE of	m He formers	22 I HEREBY CERTIFY, That I attended	deceased from
- Junes	In 18/1	0000	, 1936
	Davs If LESS than		: death is said
711	13 1 dey, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	elires.	Cerebral Hamorhoge	0ate of onset
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	n Home.	Chronic replanting	1929
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		-
BIRTIPLACE (city or town) (State or country)	ina.	Other Contributory Causes of Importance:	-
13, NAME John	ellman		
14. BILTH/LACE (city or town)	Pa	Neme of operation	74
15. MAIOEN NAME Solleys	la Cosso		
16. BIRTHPLACE (city or town)	)	Accident, suicide, or homicide? Oate of Injury	
(State of country)	٦.	Where did injury occur?	te)
(Address)	weyer	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	ACE.
BURIAL, CREMATION, OR BEMOVAL	P m/. 2 3/	Manner of injury	
Place/EMTTUAL	0ate / /, 4926	Nature of injury	
UNOERTAKER LEC (Address)	rains J	24. Wes disease or Injury In any way related to occupation of deceased?	no.
FILED 7/45 193670	Jeus cuis	(Signed) Siefeld / Toc (Address) / Same h, 22	2 P M. I
	Village or City  Length of residence in city or town where  FULL NAME  (a) Residence: No.  PERSONAL AND STATIST  EX  4. COLOR OR RACE  If married, widowed, or divorced HUSBANO of (or) WIFE of  ATE OF BIRTH (month, day, and year)  GE  Years  Months  8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEFPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceesed last worked at this occupation (month and year)  BIRTIIPLACE (city or town) (State or country)  13. NAME  14. BI TH LACE (city or town) (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (State or country)  NFORMANT (Address)  BURIAL, GREMATION, OR BEMOVAL Place  UNOERTAKER (Address)	Village or City  Length of residence in city or town where death occurred	Village or City  Will and the special of the special or institution, give in NAME instead of street and Length of residence in city or torign where death occurred.  Length of residence in city or torign where death occurred.  FULL NAME  (a) Residence: No.  Cual place of shoots  PERSONAL AND STATISTICAL PARTICULARS  EX  4. COLOR OR RACE  OR DIVORCED Cornic the word)  If married, widewed, or diverced HUSANNO of (Con) Wife of OR DIVORCED Cornic the word)  If married, widewed, or diverced HUSANNO of (Con) Wife of OR DIVORCED Cornic the word)  If married, widewed, or diverced HUSANNO of (Con) Wife of OR DIVORCED Cornic the word)  If married, widewed, or diverced HUSANNO of (Con) Wife of OR DIVORCED Cornic the word)  If married, widewed, or diverced HUSANNO of (Con) Wife of OR DIVORCED Cornic the word)  If married, widewed, or diverced HUSANNO of (Con) Wife of OR DIVORCED Cornic the word)  If married, widewed, or diverced HUSANNO of (Con) Wife of OR DIVORCED Cornic the word)  If married, widewed, or diverced HUSANNO of (Con) Wife of OR DIVORCED Cornic the word)  If married, widewed, or diverced HUSANNO of (Con) Wife of OR DIVORCED Cornic the word)  If married, widewed, or diverced HUSANNO of OR DIVORCED Cornic the word)  If married, widewed, or diverced HUSANNO of OR DIVORCED Cornic the word)  If married, widewed, or diverced HUSANNO or OR DIVORCED Cornic the word)  If married, widewed, or diverced HUSANNO or OR DIVORCED Cornic the word)  If married, widewed, or diverced HUSANNO or OR DIVORCED Cornic the word)  If married, widewed, or diverced HUSANNO or OR DIVORCED Cornic the word)  If married, widewed, or diverced HUSANNO OR DIVORCED Cornic the word)  If married, widewed, or diverced HUSANNO OR DIVORCED Cornic the word)  If married, widewed, or diverced HUSANNO OR DIVORCED Cornic the word)  If married, widewed, or diverced HUSANNO OR DIVORCED Cornic the word)  If married, widewed, or diverced HUSANNO OR DIVORCED Cornic the word or diverced HUSANNO OR DIVORCED Cornic the word or diverced HUSANNO OR DIVORCED Cornic t

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioscierosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 4110 8 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

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	of i	PI	CCL	
	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
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STATE	OF	MARYL	AND-	CERT	FICATE	OF	DEATH

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4	6	1	0	Ì

1. PLACE OF DEATH			1 17
County Washington		Registration Dist. No. 478.3	
Village or City Conococheague -	Hagers	town . Md. R. D. 2  St.,  death occurred in a hospital or institution, give its NAME instead of street and number	Ward
Length of rasidence in city or town where death occurred	60s. mos	How long in U.S. if of foraign birth?yrsmos	ds.
2. FULL NAME Margaretta O.	Wilson		******
(a) Residence: No. Conocochea gue (Usual place of		St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
Female   4. COLOR OR RACE   5. SINGLE, MARR OR DIVORCED   Widow	IED, WIDOWED, (write the word)	21. DATE OF DEATH  July 3, (Day) (Day) (Day)	6 Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Wils	on	22.   HEREBY CERTIFY. That I attended decease	
6. DATE OF BIRTH (month, day, and year) Jan. 2, 1	858	10. 2	h is said
7. AGE Years Months Days 78 6 1	If LESS than  1 day,hrs.  ormin.	to have occurred on the date stated above, at 1:45 M  Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Mammary Caramona	ofonset
	ne (years) in this pation		
12. BIRTHPLACE (city or town) Washington Co. (State or country) Md.	unty	Other Contributory Causes of importance:	
E 13. NAME Danjel A. Huyett			
13. NAME Danjel A. Huyett 14. BIRTHPLACE (city or town) Washington Co (State or country) Md.	unty	Name of operation Data of Was thera an autops:	.2
置 15. MAIDEN NAME Margaret Brinha	m	23. If death was due to external causes (VIOL ENCE) fill in also the following:	1
15. MAIDEN NAME Margaret Brinha 16. BIRTHPLACE (city or town) Washington (State or country) Md.		Accidant, suicide, or homicide? Date of injury	9
17. INFORMANT Mrs. E. T. Hayman (Address) Hagerstown, Md. R.	D. 2	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL PlaceSt. Paul's, Md. Date July	1-+	Manner of Injury	
19. UNDERTAKER Fred W. Kraiss, (Address), Hagerstown, Md.  20. FILED 18. 196 197 196 198 198 198 198 198 198 198 198 198 198	Quel (la	24. Was disaase or injury in any way related to occupation of decaased?  If so, specify  (Signed)	M. D.
If more blanks are needed, ad	Registrar. dress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Ţ	-Example I		Example II		
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	AUG 7 1930	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephr	tis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory cau	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. Mo. 1

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	7		

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 7716/
	Registration Dist. No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmos ds.
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH  (Month) 7 (Day) / 0 , 193 6 (Year)
HUSBANO of (or) WIFE of MORITZ Weil  6. DATE OF BIRTH (month, day, and year)	1 HEREBY CERTIFY. That I attended daceased from 1935, to 7-16 1936 death is said
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at /2 / (, 0.11)  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Oate of onset
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Tree Culasis
10. Date deceased last worked at this occupation (month and year)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country) (State or country)	
14. BIRTHPLACE (city or town) (Stata or country)	Nama of operation  What lest confirmed diagnostic with the Was there an autopsy?
E IS. MAIDEN NAME CARALL	23. If death was one to external captes (VIOLENGE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
17. INFORMANT (Address) - 313 2 Locato OV >	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CRIMATION, OR REMOVAL Place 7-10-, 19-3	Manner of injury
19. UNOERTAKER ARCH LAURA MC (Address)	24. Was disease er injury in eny way related to occupation of deceesed?
20. FILEGURY 10 193 6 Les to Dergeray	Clado De Colonia Como M.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting O. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	AN
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STATE OF M	ARYLAND—	CERTIFICATE	OF DEATH
1. PLACE OF DEATH		(154)	216
county Mashing on	11-1		Registration Dist. No.
Village or City & Avadya wil	ly Md	No.	tion, give its NAME instead of street and number)
Length of residence in city or town where death occur  2. FULL NAME QUES		4 4 4	of foreign birth?yrsmos
(a) Residence: No.		St., Ward.	
	al place of abode)		If nonresident give city or town and State
PERSONAL AND STATISTICAL P	ARTICULARS		ERTIFICATE OF DEATH
	E, MARRIED, WIDOWED, VORCED (write the word)	21. DATE OF DEATH	7 9 , 193 6 (Mohth) (Day) (Year)
5a. If married, widowed for divorced HUSBAND of (or) WIFE of	4	22. / I HEREBY	CERTIFY, That I attended deceased in
6. DATE OF BIRTH (month, day, and yeer) hor 2	4-1891	I last saw h alive on alive on	19.00 19.00
	ays   If LESS than	to have occurred on the date state	1100
44 7 14	1 day,hrs.	The PRINCIPAL CAUSE OF DEAT	TH and related causes of Importence
Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.		gronico.	the nystilis 19/
Andustry or business in which work was done, as SILK MILL.	ns	Signa hauf	lis ( Clavica)
SAW MILL, BANK, etc	Total time (years) spent in this occupation	afout n	tek of houlder
12. BIRTHPLACE (city or toy) Rately 5 1 (State or country) Pash	ville mo	Other Contributory Causes of Impo	ortance:
	jand.		0
13. NAME CONTROL KARON  14. BIRTHPLACE (city or town)  (State or country)  Ash  Co	ysvilligh	Chame of operation Scales What test confirmed diagnosis?	Was there an autopsy?
# 15. MAIDEN NAMES LAS OU HO	Elmon.		pses (VIOLENCE) filt in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or towns)  (State or country)	fwills m	Accident, suicite, or homicide?	es hway
17. INFORMANT SUSAN YOU (Address)	not had		(Specify city or town, county and State) n INDUSTRY, in HOME, on in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	uly 12: 1936	Manner of injury	a his a legy at the
19. UNDERTAKER CAS SALVA ON A CADITION OF THE CASE OF	of Co	24. Was disease or injury in any w	vay related to occupation of deceased?
20. FILED July 11", 19 36 P.A	P Geeticia	(Signed)	ety suite ni

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "fact ry," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

The principal cause of death and related causes of importance were as follows.			Example II		
			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RENET	1915-	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	11-021	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	11 0000 -	July 5,1927	Peritonitis	3 days ago	
	AUG B [	20			
	BURGAUL		ŭ,		
Other contributory causes o		· S.	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	23
County M. ashington	Registration Dist. No. 302
Village or Oity Calfors	No. St. War
Length of residence in city or town where death occurred	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmosd
a man Harris D. 7.	
	Landalf W. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATA
male white married	July 3/, 1936
5a. If marriad, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(OL) WIFE OF anna M.	22. HEREBYCERTIFY. That I attanded deceased from
I. I 1 1 1 1 9 41	Hast saw h shoot alive on July 30, to July 31, 1936 death is sai
6. DATE OF BIRTH (month, day, end year)  7. AGE Yaers Months Days If LESS than	last saw h special alive on
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causas of importance
8. Trade, profession, or perticular	wera as follows: Date of onse
kind of work done, as SPINNER, Ketting of tarme	
✓ 1. Industry or business in which	Tulmonary Onbereulous ?
work was done, as SILK MILL, SAW MILL, BANK, etc	
O 10. Date daceased last worked at this occupation (month end year) occupation	
, your, and a second control of	Other Contributory Causes of Importanca:
12. BIRTHPLACE (city or town)	-
	tone
(Stata or country)	Name of operation Date of
	Whet tast confirmed diagnosis? ** Was there an autopsy? ** Was there an autopsy? ** The confirmed diagnosis of the confirmed diag
	23. If deeth was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Mrs. Havin Limmering	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) (e early 20 Md.	pearly water injury occurred in the control, in flowing, of in public peace.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Hagerstown Date 3,193	Neture of Injury
19. UNDERTAKER le. M. Suter & Sons	24. Wes disease or injury In any way related to occupation of Decaasad?
(Address) Hageistown Ind	If so, specify
20, FILED aug. 3 1936 Janet M. niswander	(Signad) Kathell M. I
Deputy Registrar.	(Address) Nagustown, M.
If more blanks are needed, address State Registrar,	2421 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago	
BUKEAU V. S.	1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	Moy 1,1923	Gastroenteritis	1 year	